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In this Issue

THE CENSUS AND THE SOCIAL WORKER

PREPARED BY THE DOMINION BUREAU OF STATISTICS

THE RED CROSS IN KOREA

by MAX BRAITHWAITE

ROLE OF THE PSYCHIATRIC SOCIAL WORKER

by MORTON I. TEICHER

RESULTS OF COMMUNITY CHEST CAMPAIGNS HELD IN CANADA IN 1951

PUBLIC WELFARE IS PUBLIC

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A CONTRAST IN COMMUNITY STUDY

by JOHN S. MORGAN

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In Memory

Before he ascended the throne, George VI was an active supporter of many kinds of social welfare work. Among his interests was the annual Duke of York's Summer Camp, which he founded himself and supervised personally. A colleague has sent us two personal memories which indicate that the King's interest in welfare was no polite formality.

It was in the North of England at the depth of the great depression when the Duke and Duchess of York paid one of their many visits to the grim industrial areas where untenanted small shops lined the streets and the clangour of the shipyards was stilled in workless silence. A river trip was on the program, and as the royal barge sailed down river the Duchess of York noticed the name of a small industrial town that seemed familiar. "Isn't that where we have a club for the wives of the unemployed?" she asked. As President of the Toc H League of Women Helpers, she knew of this 'adopted' town and insisted that 'our club' be visited. A vacant period was stolen from a tight schedule, and within three hours she and her husband were greeted on the threshold of the club by a hastily summoned junior officer of the social welfare council.

The Duke turned aside after the welcome and left the inspection of the premises to his wife, for there was only room for a small party of visitors in the now overcrowded club rooms. He sat for more than an hour in deep discussion with the two men of the party. It was an unrehearsed and unprepared discussion on both sides. The Duke's wide knowledge of economic and social conditions and his deep insight into the inroads of unemployment on family life left a life-long impression on his impromptu listeners. Here was a man who cared deeply for people and who posed shrewd questions in quiet determination to learn more while he had the opportunity.

While the Duke and Duchess were visiting this 'depressed area', they stayed in an old castle not far from the home of the Duchess' ancestors. A guest-list had been prepared for an evening reception, in which protocol had been faithfully observed. Public officials, county families and civic dignitaries filled the invitation list. Quietly but firmly their Royal Highnesses insisted that they were there to

study the welfare programs of the community. If there was to be a reception, it should be for those who did the work. It was a great occasion for a hundred or more men and women who had turned from their chosen profession to take up the new and challenging, but at that time very uncertain, career of social work. The Duke's quiet and understanding conversation gave to many of these workers a new respect for their jobs.

This was the man who became King, who led his people through the dark days of the War, and who dedicated his life to their service.

Rehabilitation

The new National Advisory Committee on the Rehabilitation of Disabled Persons held its first meeting in Ottawa, February 20 to 22, 1952. The Committee was appointed on recommendations made by the National Rehabilitation Conference last year, and it provides representation from the three federal departments—Labour, Health and Welfare, and Veterans Affairs—each provincial government, the voluntary health and welfare organizations, the medical profession, employers and employees, and in addition there are four members-at-large.

The Canadian Welfare Council has long urged federal leadership in the establishment of a national program of rehabilitation. It commends the federal government for the appointment of the committee and supports the resolution adopted at the meeting for the immediate appointment of a coordinator. The development of a national program, providing for civilians the same services as are now available to veterans, is a humane move. It should also be regarded as sound economy. Even a person whose first concern is dollars and cents must recognize that any expenditure to help people now disabled to become independent and self-supporting, to the full limits of their abilities, will save the country money and add to its productivity.

Even if the federal government provides leadership the local community has still a major responsibility to carry. Two communities at least are now actively endeavouring to form coordinating councils. Others might well follow suit. There is a general impression—for the verification of which facts are not available—that existing agencies and facilities could be used to better advantage than at present. There is urgent need for local people engaged or interested in rehabilitation to become acquainted with one another's work, take stock of the present facilities, and work together more closely to make rehabilitation an integrated process at the service of the disabled.

The Census and the Social Worker

This is the first of two articles on the 1951 Census prepared for CANADIAN WELFARE by the Dominion Bureau of Statistics.

CANADA'S Ninth Decennial Census, conducted last June, covered a population more than one-fifth greater than in 1941 and followed on a period of great economic and other changes. As a result it is destined to yield a rich harvest of enlightening statistics about the growth and condition of the nation and its people. To governments, industries and countless organizations and individuals, these will be invaluable aids in planning for the future, but possibly no one can make more worthwhile use of the fruits of the 1951 Census than Canada's great army of social workers.

To the social worker the series of census reports now being prepared by the Dominion Bureau of Statistics will supply a yardstick with which to help measure the needs of a community, assess some of the probable wants of tomorrow, and compare conditions in one district with conditions in other parts of the country. Today the cards compiled by the census-takers with the co-operation of citizens from Newfoundland to British Columbia are being fed to the modern electronic sorting machines at the rate of about 450 a minute and the resulting tabulations will yield valuable data on every aspect of Canadian life from age and sex to housing and occupations.



—Capital Press Service

This photo shows how the Census enumerators marked up the "Mark-sense" cards, which were used in the 1951 census of population and housing instead of the large sheets used in the previous censuses. The enumerators were required to complete a population card for every man, woman and child living on June 1, and a housing card for every fifth dwelling. This was done by making a mark in the appropriate ovals with a pen containing a specially designed ink capable of carrying an electric current. The completed cards are fed into a machine equipped with a set of brushes which sweep down the several columns on the "mark-sense" card. When the brushes come to an ink mark in a particular column, an electric circuit is closed and the resulting impulse causes a die to punch a hole in the corresponding position in a punch card. The punch cards are fed into machines which can sort them into predetermined groups at the rate of 450 cards a minute.

Population Data

The first run of the population card, for instance, will provide information on sex, age, marital status, birthplace and immigration, schooling, language spoken, religion, citizenship, origin and one or two other characteristics of the population for provinces, counties and rural and urban subdivisions. From this first run, population data will be made available for census tracts or social areas of the larger cities. Then the cards will be tabulated according to age to show for each age group details by marital status, birthplace and the other subjects. This age run will be tabulated by provinces with separate figures for individual cities of 30,000 population and over. The cards will then be sorted by origin and the resulting tabulation will show origin by marital status, age, birthplace and so on. The final run of the population card will be a tabulation according to period of immigration to show the various characteristics of the immigrant population.

This is but a rough outline of the information that will be made available from the population card alone. These data will be followed by detailed tabulations of the census material on the labour force, occupations, families, housing and various other factors in the Canadian scene, all of which can be put to good use by the social worker.

Use of Age Statistics

Age statistics are particularly useful. Each census of Canada from

1881 to 1941, with one exception, has shown an increased proportion of older people, and the 1951 Census will reveal whether or not this trend has continued. At the time of the last census the average age of the Canadian population was 30.4 years, compared with 24.7 for 1881. An ever-changing characteristic, the average age of the nation is affected by such factors as immigration and changes in birth and mortality rates, and a rising proportion of older people creates many economic and social problems which must be planned for by welfare workers as well as governments. Thus the new age statistics will be essential in assessing the requirements for such things as infant welfare, provision for the aged, primary and secondary schools, and universities, and in estimating the supply of persons that will be available for the labour force.

But to social workers age statistics can have a more immediate value in their daily work. They may be interested in knowing what percentage of children in the 6-14 age group in a certain community were attending school at the time of the census. Or they may wish to know the number of children in the family allowance age group, 15 years and under, in a particular city or social area within a metropolitan centre. They may need to know the totals of children, youths and adults in a certain town or city who might be eligible for a program of recreational, health, library or other services. Or again,

their interest in age statistics may be in using them to calculate rates of various kinds. For instance, the social worker may know the number of children in various social areas of a city convicted of stealing or some other offence, and may wish to compare the rates of delinquency for those areas. To do this it is necessary to know the total number of children in the age group concerned for each social area, and this is where the census figures come in.

Marital Statistics

Marital statistics from the 1951 Census will be useful to social workers in comparing single persons with married persons in respect to rates of criminal convictions, incidence of social diseases, and so on. They will also tell the number of widowed women in Canada, or in any particular area, and the number of widowed women with one, two, three or more dependent children at home. Similarly the census figures will reveal the number of divorced persons in the different areas and the numbers of their dependent children. In addition, the social worker will find the data on marital status useful when related to other census subjects, such as the ages of divorced women or the earnings of widowed women in the labour force.

Males and Females

The figures on sex will be of interest too, for the proportion of males and females in Canada has a significant bearing on its social and

economic problems. It is a factor in the marriage rate, the rate of population growth, and the availability of people for many sorts of occupations. Since early colonial times there have been more males than females in Canada. The first census, taken in 1666 under the direction of the French Intendant Talon, showed 172 males to every 100 females. Some 200 years later the ratio had dropped to 103 to 100. In 1911, during a period of heavy immigration, the ratio rose to 113 to 100. In 1941 the difference had narrowed to 105 to 100, but the census of that year revealed that the excess of males is confined to rural areas, with 116 males to every 100 females reported, in contrast to the average ratio of 97 males to every 100 females in urban areas. It will be interesting to see what changes the 1951 Census will make in these figures of ten years ago.

Schooling

From the point of view of the social worker some of the most useful data to come out of the census will be the statistics on education. These will cover not only the educational status of the population, as measured by the number of years of schooling, but also school attendance during the nine months prior to the census date. From these the social worker will learn whether or not the average number of years at school has risen since 1941, and what changes have occurred in this respect as between urban and rural areas. The 1941 Census showed

that the percentage of urban children attending school was greater than the percentage of rural children at school, and the 1951 Census will reveal what effect additional school-bus transportation, dormitories, rural high schools and other developments have had on rural enrolment.

The education data will be useful in determining long-term trends in educational advance. For instance, the percentages of various ages at school and the figures on the age distribution of the population will be of prime importance in assessing the need for additional schools and teachers during the next decade. Cross-classifications of years of schooling with occupations and origins from the census data will provide information not available from other sources which will be of considerable value in vocational guidance, scholarship planning, and other social services.

In every case the education statistics will be broken down into provincial, regional, metropolitan and tract area totals, so that if, for example, a social worker wants to know the number of teen-age children not attending school in various social areas of metropolitan centres the information will be readily available.

The forthcoming census information on education will be particularly interesting in view of the fact that in 1950 and 1951 censuses were taken in every country of North and South America, and consequently for the first time accurate comparisons can be made between

the educational qualifications of Canadian adults and children and the adults and children of other American countries. Although no question on literacy was included in Canada's Ninth Decennial Census, a fair idea of the functionally illiterate will be obtained by totalling those with three years or less of schooling.

The Canadian Mosaic

The census will also provide the social worker with a wide variety of statistics on the ethnic or cultural groups in urban and rural areas of Canada and the provinces. Not only will the reports show the total number of people of different ethnic groups in these areas but for larger cities the relative numbers of Canadian and foreign-born in each group as well. In addition, for the latter, information will be available as to length of residence in Canada. For most centres the statistics will show the number of, say, "New Canadians", while for metropolitan cities details as to the ages, marital status and occupations of these recent immigrants will also be given.

Of equal interest to the social worker will be the census statistics on the religions, languages spoken and mother tongues of the Canadian people of different areas, for all of these are factors which may have a bearing on many of the problems the social worker may be called upon to cope with.

Shifting Population

Statistics on the shifting urban-rural populations will also be of use to social workers. Just recently,

Mrs. P. A. McClelland, President of the York County Home and School Council, said in Toronto that her council is "facing a terrific problem of expansion" because of the shifting population which is taking children out of city schools and putting them into suburban ones faster than the local school boards can provide buildings.

The Blind

The figures on the number of blind persons in Canada, their distribution, and their occupations will naturally be of great value to welfare people. In 1941 the census showed 9,982 blind persons, or 8.7 per 10,000 population. It also showed that blindness is more frequent in the East than the West in proportion to the population and that there are more blind males than females, both in total numbers

and in relation to the number of each sex. Although there were only five per cent more males than females in the total population, there were 30 per cent more blind males than females in 1941. The 1951 Census will show whether or not the incidence of blindness has continued to increase, and will provide much information of value in assisting those who are thus handicapped.

More to Come

These are some of the ways in which social workers can make use of the census reports being compiled by the Dominion Bureau of Statistics. The use to which social workers can put other census statistics, particularly those dealing with families, housing and occupations, will be discussed in a future issue of *Canadian Welfare*.

The week of June 14 will be Welfare Week in Quebec City. On June 14 the Canadian Welfare Council will hold its Annual Meeting. The Canadian Conference on Social Work will meet from June 15 to June 19. On June 20 the Canadian Association of Social Workers will hold its biennial meeting. And both the National Committee of Canadian Schools of Social Work and the Social Work Group of the Professional Institute of the Civil Service will also meet during the week.

Canadian Conference on Social Work

THIS June for the first time the Canadian Conference on Social Work will meet in Quebec City. The Ancient Capital's reputation for warm hospitality is reflected in plans for the entertainment of the Conference delegates; the Program Committee has been at work for more than a year on a program that will attract everyone in the field; the bilingual nature of the Conference will make it national in a very real sense; and to add to the general interest, some of the events connected with the celebration of Laval University's centenary will take place during Conference week.

Leadership for this year's Conference is under the competent hand of the President, Mrs. D. B. Sinclair, executive assistant to the Deputy Minister of Welfare, Department of National Health and Welfare, and well known as Director of the W.R.C.N.S. during World War II. Mrs. Sinclair's contributions to the welfare field have been numerous. As a lecturer in economics at the University of Toronto she taught courses in the School of Social Work there; as a volunteer she served on the boards of the Infants' Homes of Toronto, the Children's Aid Society of York County, and as vice chairman of the Toronto Welfare Council. She has been in her present post since 1946; and in 1947 she was named Canadian delegate to the Interna-



Conference President
MRS. D. B. SINCLAIR, O.B.E., LL.D.

tional Children's Emergency Fund, of which she is now Chairman.

Other Conference officers are: vice presidents, the Reverend Gonzalve Poulin, O.F.M., director of the School of Social Work, Laval University, Miss Lillian Thomson, general secretary of the National Council of the Y.W.C.A., and Miss Amy Leigh, assistant director of welfare for British Columbia; treasurer, Mr. D. B. Hurwitz, director of Montreal's Federation of Jewish Community Services; and joint secretaries, Miss Phyllis Burns of Ottawa and Miss Simone Paré of Quebec.

The Red Cross Welfare Team in Korea

By MAX BRAITHWAITE

National Publicity Department, Canadian Red Cross Society

JACK PURVES whose home is in Cranbrook, B.C., has a part in what is certainly the biggest and toughest welfare job in the world today . . . caring for the millions of homeless, starving, helpless hordes of refugees left by past and present wars. This is a welfare job such as the world has never seen before. Purves works in Korea where at least five million people have been made homeless by the war, including some 433,000 refugees from north of the 38th Parallel and 100,000 orphaned children.

Besides the destruction and devastation of war—still being fought all around him—Purves is up against the ignorance, prejudice, sectionalism, and indifference to human suffering that has accumulated in these simple people throughout the ages.

How does Jack Purves, an employee of the Welfare Department of the British Columbia government, happen to find himself fighting a valiant fight against filth, hunger and ignorance in Korea? It all began over a year ago when at the request of the United Nations Civil Assistance Command the League of Red Cross Societies (the federation of all national Red Cross Societies) agreed to send five medical welfare teams to Korea, each to consist of a welfare worker, a doctor and a sanitary

engineer. The League sent out its call for volunteers and the national Red Cross societies of Canada, Denmark, Great Britain, Norway and the United States answered the call.

Then Dr. W. S. Stanbury, national commissioner of the Red Cross, began to cast around for suitable personnel for the Canadian team and in this he had the willing assistance of the Canadian Welfare Council. Purves was a natural choice. As a member of the Y.M.C.A. International War Service he had done welfare work among Asiatics in India and South East Asia for three years during the past war. Before that he had been a United Church minister, having graduated from Saskat-

Canadian Team: Jack Purves, Dr. Otto Weisner, and Tin Yeh.

—John Steele, Toronto



chewan University and Union Theological College in New York. After the war he studied social work at the University of British Columbia and, on obtaining his B.S.W., went to work for the British Columbia Provincial Welfare Branch under the direction of Mr. D. F. McLelland.

The other two members of the Canadian Red Cross team were Mr. Tin Yeh, a native of China and a postgraduate student in sanitary engineering from the University of Toronto, and Dr. Otto Weisner, former chief medical officer with the Royal Norwegian Air Force. The Canadian team was the first to begin work in Korea.

Shortly after their arrival the Canadian Red Cross team was split up and Purves found himself in charge of the welfare work in the province of Seoul, over which the fighting had surged six times in the past year. This was welfare work such as he had never experienced before. Here were literally millions of persons (normal population of Seoul: 3,500,000; additional refugees: 1,500,000) who needed immediate care, not advice on housing or education or social adjustments but the bare necessities of existence: enough food, shelter and clothing to keep them alive.

Purves found himself doing things completely outside the sphere of what is usually considered welfare work, doing in fact anything and everything necessary to keep his people from dying of disease or malnutrition. On top of that he was faced with what he described

to CP reporter Bill Boss as "indifference, stoicism and fatalism". He tells of one old man who suffered from exhaustion and malnutrition without complaining until he passed away on the very steps of the Korean first aid station to which he had been evacuated. And the body was still there when Purves made his tour of the camp the next morning, with doctors, nurses and patients carefully stepping over it on their way in and out of the dispensary but never bothering to move it. Finally Purves had to take the body away himself.

Purves explains that "the first essential to success in Korea is a willingness to fall in line with local standards" and then try to improve conditions. He describes as "exasperating" the attempt to get action from people whose constant association with privation and misery throughout the centuries has so inured them to the suffering of others that they are indifferent to it.

Even worse is the spirit of sectionalism. Official agencies, he points out, will help only refugees from their own areas. The authorities of Seoul city, for instance, ignore the plight of sufferers from Seoul province and the provincial authorities treat city refugees with equal indifference.

A portion of Mr. Purves's report to Doctor Stanbury gives some idea of what he is up against as well as the immensity of the overall problem:



—Canadian Press Photo

Foul-smelling, rickety warehouses such as this were used as hospitals for Koreans evacuated from battle areas. Hospital facilities, medicines, clothing and food were extremely scarce, and emergency shelter such as this had given many Koreans a poor opinion of the United Nations. About 300 of them were crowded into this leaky barn.

"Since that time (the re-evacuation of Seoul) we have been in a constant state of emergency. During the months in the south there was an opportunity, due to the more or less stable government, to plan and work on programs on a long-term basis. The refugee problem was a secondary one. Here in the most populous and hardest hit of the provinces we have been working almost entirely on a disaster basis.

"Today has been what one might call a typical day. To start with I set up a hospital for 150 patients. The hospital is an old warehouse with a leaky tin roof and open at one end. For beds we placed rice mats on the concrete floor. These we covered with

comforters (a U.N. relief item) and a heavy sprinkling of DDT dust. In four hours six of us (including 2 nurses, a doctor, an interpreter, and two labourers) had the place ready. Two of the above staff had trucked 137 patients a distance of fifty miles on some of Korea's worst roads. A team from a local milk station had prepared a rice and milk gruel. A medical team was on hand. All of the patients are in varying stages of malnutrition and by night six had died. These were old men, women and children who until recently were existing in enemy-occupied territory. . . .

"The rest of the day was spent supervising the transportation of 700 farmers and their families to

their farms just north of the Han River. This is part of the current land settlement scheme. We recruited additional volunteer harvesters to reap the crops in one of the combat zones. Their transportation, screening, etc., involved a multitude of detail. You will gather from the above that we are without the services of an economics officer.

"Dick Evans (American Red Cross welfare worker) and I share the burden of the welfare of our 1½ million refugees and 5,000 orphans. Of the refugees approximately 400,000 are on the move, and these constitute our greatest headache. In an attempt to meet this problem we have set up emergency relief stations where all refugees are DDT dusted, inoculated, clothed and given two days ration of rice. We implore the healthy ones to move south to the next line of emergency stations, but most refugees are unable to walk the required 25 miles within the two days. Earlier in the war they had no difficulty in walking that distance in one day. In one camp we had as high as 600 sick and starving people in one shelter, an old dilapidated brick kiln whose only value is that patients are able to get out of the sun and rain."

Purves explains that ninety per cent of all the refugees are mal-

nutrition cases. At one time, by pooling the small stores at his disposal, he managed to keep many of them alive by preparing a gruel of rice, powdered milk and vitamin tablets which he rationed out at the rate of one beer-canful three times daily.

That some Koreans do appreciate what Jack Purves and other workers from the west are doing for them was proved when Mr. Kim, governor of North Cholla province, presented Jack with two small silver cups made by the father of the Social Affairs minister and a scroll in appreciation for his three months work in that province. And Purves, too, feels that their efforts are not in vain. He states, "In spite of everything, we do feel we are accomplishing something of our mission. If I had been told six months ago that I would be accepting standards such as we have been able to attain in this province I would not have believed it."

As for Purves, he intends to stay as long as there is work to do. His contract with the Red Cross expired on December 27, last year, but he immediately accepted an appointment with UNKRA. Certainly, Jack Purves and others like him are doing no hurt to the reputation of Canada and Canadian welfare workers abroad.

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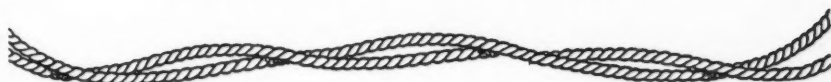
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The Role of the Psychiatric Social Worker

By MORTON I. TEICHER

UNDER the Dominion Health Grants, the Province of Ontario and the University of Toronto have been enabled to expand and establish on a new basis the social service department of the Toronto Psychiatric Hospital. For what is probably the first time in the history of psychiatric social work in Canada, if not in North America, a psychiatric social work department is functioning with an adequate number of staff members, as measured by the best recommended standards. For the past three years, this department has been endeavouring to provide exemplary service to patients so that, through demonstration, it may make its contribution to the training of mental health personnel.

Combining Skills

A constant effort has been made to adhere to the concept of an inter-disciplinary approach. In more and more aspects of human experience, it is becoming increasingly apparent that co-operative effort and pooling of skills and knowledge is an absolute essential. The social service program at the

Toronto Psychiatric Hospital is based on teamwork. Accordingly, much effort has gone into definitions of the exact nature of the social worker's contribution to the total treatment program. The feeling is that the clearer the social worker can be about his role, the further along will he be on the path towards effective collaboration in the interests of the patients served.

At this time, a sufficient degree of clarity has been achieved so that it may be of use to set down some definitions. In offering them, my hope is that similar descriptive statements will be forthcoming from other centres so as to allow comparisons, exchanges, borrowing, and ultimately improvements in our program.

PSYCHIATRIC TEAM

The Toronto Psychiatric Hospital is a short-term diagnostic and treatment centre operated by the Province of Ontario for residents of Toronto and York Township. It is at the same time the University of Toronto training and research centre in the field of mental

Morton Teicher is chief psychiatric social worker at the Toronto Psychiatric Hospital. He is also an assistant professor of Social Work at the University of Toronto and a clinical teacher in psychiatry in the Faculty of Medicine of the same university.

health. Because of the complex nature of mental illness with its physical, psychological, social and cultural factors, the staff comprises people with a number of different disciplines — psychiatrists, social workers, nurses, occupational therapists, psychologists, attendants, speech therapists, bio-chemists, sociologists and others. In training, research, and service to patients, this group is welded together as a collaborating, co-operating interdisciplinary team.

Social Worker's Job

How does the social worker fit into that team and what is his contribution? First, in broad terms, the psychiatric social worker helps the patient to use the self he is at any particular time as effectively as possible in the various social situations with which he must deal. The job of the social worker falls into two broad categories:

1. Intake: The social worker helps the patient and his relatives express feelings about hospital or clinic services, assesses the family's attitude toward the patient as well as the extent to which they and the patient are able and willing to participate in treatment.

2. Continued service: The social worker helps the patient move into and use the psychiatric hospital or clinic and helps him find his way in the community after discharge or during psychiatric treatment.

Now, to look at it more specifically, we need first of all to divide the social service department into its two halves, in-patient and out-patient.

IN-PATIENT PROGRAM

Its Purpose

In the in-patient part of the program, our major concern is with follow-up. The adjustment of the patient following his return to the community is our primary focus. The acid test of psychiatric treatment is the social rehabilitation of the patient: the only justification for any treatment program is the degree to which it successfully restores ill people to a state of well-being. That process of restoration is doubly difficult for the psychiatric patient because of the negative attitudes in the community towards mental illness. I am sure that I need not spell out here the kinds of prejudices and fears which exist concerning mental illness. While sincere and able efforts are going forward towards dispelling these fears and prejudices, nevertheless our patients now return to a community where they may be whispered about, where they and their families may be ashamed, where they are often regarded as "queer". The social workers on the staff realize that this attitude toward mentally sick people is one of the main problems involved in helping the patient to re-integrate himself into the community. They are therefore available to visit and counsel the patient in all problems that inevitably arise as he struggles to re-establish himself. It is our hope that this kind of help can go a long way towards reducing the startling rate of re-admissions which now occur. It may not be widely known that

in Ontario one out of every four persons admitted to a mental hospital has been in the hospital before. Also, for every five patients discharged from a mental hospital two are re-admitted. This exorbitant rate of re-admissions and this depressingly high relationship between discharges and re-admissions is the problem we seek to tackle through follow-up services.

Attaining the Purpose

We continue the follow-up service for a period of three months after discharge from the hospital. During this time, we try to visit the patient and his family in his home, but the bulk of our interviews are held in the hospital. At the end of the three month period, the case may be closed, may be transferred to the out-patient department or the follow-up period may be extended. This follow-up service comes at the end of the time during which the patient and hospital have a relationship. However, since we recognize that human relationships have a beginning and a middle as well as an end, a very important part of our hospital social work program is concentrated on the patient's relationship to the hospital. Instead of beginning at the end phase, we actually begin at the beginning.

Laying Foundations

All newly-admitted patients and their relatives are seen at the point of admission or as soon thereafter as possible. This enables us to establish our connection with the patient and his family at the very

outset of his experience with the hospital and thus to lay a foundation immediately on which we can base our future follow-up work. We know that admission to any hospital often creates as many if not more problems than it solves. This is certainly true of a psychiatric hospital because of the prejudice and fear to which I have already referred. Guilt on the part of relatives is an often encountered phenomenon and frequently they have an acute and pressing need for help at the time of hospital admission. Problems in regard to the patient's job are a common source of anxiety at this time and we are often called on to be of assistance here, perhaps through contact with the patient's employer or in some other way. Financial need may well result from the hospitalization of the breadwinner. Plans may need to be made for the care of children during a parent's stay in hospital. These are just some of the problems which occur at the time of admission and the social worker endeavours to help solve them swiftly so that the patient may be free to utilize fully the psychiatric treatment which is available for him.

Planning for Discharge

As the patient continues through treatment, further problems may arise and old ones may require further attention. Throughout this period, the social worker in collaboration with other team members, continues to work with the patient and his family. It is in this period

—the middle phase—that some attention can be given to post-discharge plans. These plans become the focus of concern in the end phase as the patient approaches and finally reaches the day of discharge. Here the social worker is active in planning carefully and painstakingly, not hurriedly as he would if he were become involved with the patient just at or immediately preceding discharge.

An Example

In order to make this description of the social worker's function in the in-patient half of our program a bit more real, I should like to describe a recent experience illustrating some of the steps which have been described:

Mr. A. is a 30 year old physicist who is married and has a son of five. Mr. and Mrs. A. have quarrelled incessantly throughout their six years of married life. Mr. A. had become increasingly upset and suspicious to the point where he was unable to work and so lost his job. Finally, following a violent outbreak, during which he physically attacked both his wife and her father, he was admitted to hospital. Social service contact with both Mr. and Mrs. A. was initiated shortly after his admission and maintained at weekly intervals during the four months he remained in hospital. A great deal of assistance was given both Mr. and Mrs. A. in connection with their marital problem and eventually they decided to separate. In view of the lengthy history of conjugal disharmony, this was probably a good decision. As Mr. A. slowly recovered from his paranoid mental illness, he was able to give increasing attention with his social worker to the problem of employment. A highly trained and intelligent person, he had been unable to work effectively for several months prior to admission.

Now the social worker, through diligent effort, paved the way for a temporary appointment in a research organization with an extremely high reputation. From our small social service fund, Mr. A. was advanced some money so as to maintain himself until he obtained his first pay. He was also helped to find a room. During the three months following his discharge he was seen regularly at least twice a month to talk over his adjustment on the job and to the new life of living alone after having been married for six years. He was helped to become active in several recreational programs. His performance on the job was so good that his temporary appointment was cancelled and he was given a permanent position instead. A year after discharge, Mr. A. continued to maintain the gains he had made.

This very sketchy summary has just touched the high spots of a very complicated and involved case. It may, however, serve to illustrate the social worker's role, particularly in continued service and follow-up.

OUT-PATIENT PROGRAM

With out-patients, the psychiatric social worker plays an equally important role. To follow my general division of social service activity into the categories of intake and continued service, we can look at the out-patient social worker's role under those two general headings.

Intake

First, with regard to intake, our social work department is responsible for the initial meeting between the patient and clinic in the case of those patients who come on their own or are referred by social agencies. We assume that coming to a psychiatric clinic is a

difficult task for an individual to bring himself to perform. Our experience teaches us that, almost inevitably, while one part of the person, pressed by the intensity of his need, reaches out for help, another part fearfully seeks to avoid becoming involved in this kind of experience. This ambivalence, the frequently found pattern of wanting and not wanting the same thing at the same time, becomes the focus of our concern at the point of intake. Our goal is to help the patient face up to the ambivalence and work it out to the point where that part of his self which wants help is in the ascendancy. In the final analysis, excepting the group of patients who are so ill that they are not responsible for themselves, one can only help someone who wants help. Change cannot be forced on an individual from without—it must come from within.

An Example

An illustration of the intake process may make this more meaningful:

Mrs. B. is a 41-year-old married woman with two children. She came to see us at the suggestion of the Family Court where her husband had taken her in order to get help. Her difficulty began about 10 years ago when she was in an automobile accident which required a long period in hospital. She was given sedatives while there, and after leaving the hospital, continued to take sedatives for her insomnia. During the ensuing years, she took them in increasing amounts until she was groggy most of the time. She described herself as being perpetually "in a fog". Her husband's

growing inability to handle the situation finally culminated in his appeal to the court for help, and from the court Mrs. B. came to see us.

In the initial interview Mrs. B. described how much she wanted help since she was becoming frightened at the prospect of losing everything she holds dear. On the other hand, she was very anxious to know just how we could help her and whether or not we were connected with the court. She expressed a number of other reservations and the intake worker patiently discussed each of these with her, examining all their implications. Each doubt and question, dealt with initially in the terms of their presentation, was consistently related to the basic question of whether or not she wished to do something about her problem. She was helped to see the meaning of these reservations while being given full acceptance and understanding.

The only pressure exerted by the worker was in holding Mrs. B. to the requirement that she make a choice as to the utilization of the clinic service, which was described to her. No pressure was used in terms of when this choice had to be made, and the interview closed with the understanding that Mrs. B. would think about the entire matter and then let the worker know of her decision. A few days later, Mrs. B. called to say that she had talked things over with her husband and her children and that she would like very much for us to proceed with the arrangements for her seeing a psychiatrist.

This illustration requires very little comment, since the balance of forces impelling Mrs. B. to seek and to avoid help are so potent. The intake worker skilfully helped Mrs. B. to make up her own mind, thus carrying her a long way towards making good use of psychiatric treatment. There is, incidentally, statistical evidence to show that such preparation for treatment tends to reduce the

number of patients who break treatment after it has been initiated and enable them to sustain treatment until a mutually agreed-on termination point is achieved.

Continued Service

The continued service aspect of our job in the Out-Patient Department usually is concentrated on working with relatives. If, for example, a man is being treated by the psychiatrist, what his wife means to him, what he means to her and what she understands of his illness in terms of her role in its handling, all need to be examined and worked out with her. Frequently, the success of Out-Patient psychiatric treatment may hinge on whether or not appropriate changes can be effected in those close relatives who constitute the immediate environment for the patient. Nowhere is this more apparent than with a disturbed child who may be referred to the clinic for any one of a number of reasons. No matter what the symptom complex, the parent-child relationship plays a significant role in the illness. As the social worker works with the parents, the therapist is having regular therapeutic sessions with the child, usually utilizing play techniques. The goal is to achieve simultaneous movement on the part of both parent and child so that changes in the relationship they have with each other may go forward hand in hand.

SUMMING UP

Whether the worker is operating at intake or continued service,

whether he is in the In-Patient or Out-Patient half of our program, his over-all concern is the same—that is, to enable the patient and his family to make optimum use of the psychiatric treatment which is being made available to him.

What I have been describing thus far is social work in the psychiatric setting, utilizing the case work method of helping people in individual interviews. Some mention should be made of social group work method in the psychiatric setting, although this is a completely new field. There are very few social group workers employed in mental hospitals in North America at present, but I believe a trend is slowly being established that will move in the direction of adding this skill to the armamentarium of the hospital.

As the name implies, the social group worker operates with groups of patients rather than individual patients. His organization of patient groups may range from discussion groups to recreation groups, to project groups, to ex-patient groups, and so on. Using his special skills in democratic group leadership, the social group worker has a vital and important contribution to make in the care of the mentally ill.

This picture of social work in the psychiatric setting derives from my concern with defining the nature of the social worker's role so as to provide a firm basis for inter-disciplinary co-operation. There are areas in which the dif-

ferent disciplines complement each other and areas in which overlapping exists. Based on mutual understanding, further exploration of these areas is essential. Pre-

liminary to such exploration is the assumption of responsibility on the part of each discipline for defining the exact nature of its contribution to the care of the mentally ill.

NATIONAL CONFERENCE OF SOCIAL WORK

A GENERAL sessions meeting devoted to a consideration of "What We Believe in" will be one of the highlights of the 79th Annual Meeting of the National Conference of Social Work, Lester B. Granger, president, has announced. Mr. Granger said that the adoption of the theme of this year's meeting, "Helping Achieve Democracy's Promise for all People" had pointed up the need for a clearer definition of social workers' fundamental beliefs, both for their own professional purposes and as a way of bringing the public closer to an understanding of their goals. It is expected that the points presented at the meeting, and the open discussion to follow, may be the first steps toward the development of a platform or credo for the field of social work.

COMING EVENTS OF INTEREST TO COUNCIL MEMBERS

APRIL 1, 2 and 3. Annual Meeting of the Ontario Association of Institutions for Children and Youth, Toronto.

APRIL 4 and 5. Annual Meeting of the Ontario Association of Children's Aid Societies, Royal York Hotel, Toronto.

MAY 4 to 10. Mental Health Week.

MAY 25 to 30. 79th Annual Meeting of the National Conference of Social Work. Congress and Stevens Hotel, Chicago.

AUGUST 15 to 25. Tenth Annual School of Community Programs, "Camp Laquemac". Lac Chapleau, Quebec. Information from: H. R. C. Avison, Adult Education Service (McGill University), Macdonald College, Quebec.

DECEMBER 14 to 19. Sixth International Conference of Social Work, Madras, India.



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Money Management Panel



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Budgeting today means that members of a family decide what they want—and cooperate to achieve their goals. In learning money management principles, you'll see that a budget is a *plan for tomorrow*—not a record of yesterday's expenditures.

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ACROSS CANADA



Parliament Hill

More than 623,000 cheques worth nearly \$25,000,000 went out in the mails in January to people who had qualified for the federal government's new old age security payments.

About 314,000 of the cheques went to people not previously receiving a pension. The balance was made up of pension accounts taken over from the provinces when the federal government took the responsibility for financing pensions to all persons over 70.

By the end of the month, more than 32,700 applications had been received from people who would not be 70 until February or later.

New applications for pensions, by provinces at the end of January, were:

Newfoundland, 2,207; P.E.I., 3,016; Nova Scotia, 12,827; New Brunswick, 7,230; Quebec, 61,873; Ontario, 137,278; Manitoba, 18,394; Saskatchewan, 18,070; Alberta, 16,950; B.C., 36,386; N.W.T. and Yukon, 254.

Pension accounts taken over from the provinces on December 31, 1951 were:

Newfoundland, 11,859; P.E.I., 3,226; Nova Scotia, 20,808; New Brunswick, 16,825; Quebec, 75,541; Ontario, 93,175; Manitoba, 17,906; Saskatchewan 17,844; Alberta, 18,408; B.C., 33,060; N.W.T. and Yukon, 107.

At the end of January, four provinces—B.C., Alberta, Saskatchewan and Quebec—had formally com-

pleted agreements with the federal government for sharing the cost of old age assistance for people between 65 and 69, and for allowances to the blind over 21. An agreement covering old age assistance only had been completed with New Brunswick.

Several other provinces had indicated their intention of entering into agreements.

These agreements were made necessary by the passing of the Old Age Assistance act in June 1951. This provides for contributions by the federal government to payments of up to \$40 a month made by the provinces to people between 65 and 69, if their income, including assistance, is not more than \$720 a year for an unmarried person, \$1,200 for a married person, or \$1,320 for a married person whose spouse is blind.

Cost of old age assistance will be split 50-50 between the federal and provincial governments.

Blind pensions, formerly part of the Old Age Pensions act, were separated by legislation entitled the Blind Persons act, also passed in June 1951. Allowable income for blind recipients was increased by this legislation. It is expected that between 2,000 and 3,000 more blind persons will qualify for the allowances.

Cost of payments to the blind is shared 75 percent by the federal government, 25 percent by the provinces.

In January, the federal government outlined residence requirements for the old age security program.

Twenty years residence in Canada is required. A claim of 20 years continuous residence will be accepted if temporary absences in that time do not total more than 1,200 days—an average of two months per year.

This provision was made so as not to penalize people who have travelled abroad, visited relatives, or been out of Canada on short business or pleasure trips.

Special provision is made for five groups of people whose business might require longer absences from the country.

These are:

(1) People employed on ships or fishing boats.

(2) People employed on trains running out of Canada, operated by a company with its head office in Canada.

(3) People employed in lumbering or harvesting, and not absent from Canada for more than 6 months at a time.

(4) People employed by the United Nations or any of its agencies.

(5) People employed as representatives or members of a Canadian firm or corporation.

Absences of these people from Canada will not be counted against them, if they maintained a home in Canada or had a permanent place of abode to which they had the intention of returning at the end of their employment abroad.

Canadians going abroad as missionaries, with the armed forces, (or with the armed forces of an ally of Canada), or as employees of federal, provincial or municipal governments will not be counted as absent, if they return to Canada at the end of their duties abroad. People in this class do

not need to maintain a home in Canada while away.

These exceptions also apply to a married woman or widow who was absent because her husband was employed outside Canada. • • •

During 1951, the National Employment Service filled 918,233 jobs in Canada, the department of labor announced in January.

Placements by provinces were:

Newfoundland, 2,470; P.E.I., 5,946; Nova Scotia, 30,529; New Brunswick, 29,950; Quebec, 223,974; Ontario, 352,140; Manitoba, 56,169; Saskatchewan, 37,506; Alberta, 81,421; B.C., 98,128.

Of total placements, 735,238 were regular placements, 155,497 were casual jobs, and 27,498 were openings filled by workers brought from other areas through the "clearance" system of the service.

Included in the total placement figures were 14,344 jobs found and filled by workers with physical disabilities. Of these 10,697 were men, 3,647 women. • • •

During January the federal government announced a number of steps to be taken in Canada's preparedness program against disaster.

Essential medical supplies will be stockpiled across the country, totaling \$2,250,000 in value. First-aid equipment and supplies for first-aid stations are high on the order list, as are essential medical supplies for hospitals, laboratories and mortuaries.

These supplies will be distributed at strategic points close to target areas, using the regional medical stores of the department of national defence.

Also distributed will be air-raid warning sirens to certain major Canadian cities. By the end of January these had gone to Montreal,

Vancouver, Winnipeg, Victoria, Halifax, St. John, N.B., with further deliveries scheduled.

Plans for four special civil defence courses were also announced in January.

**Kellogg Grant
for Canadian
Education**

The Canadian Education Association has announced that it has been awarded a grant of \$231,000 by the W. K. Kellogg Foundation, to finance a five-year project designed to improve educational leadership and standards, particularly in rural areas. It is hoped that the program undertaken with the help of this fund will improve the whole standard of education in Canada. A co-ordinating staff of five will organize and co-ordinate a program under a special committee. Mr. F. K. Stewart, executive secretary of the C.E.A. will be director of the project. Among the long-term aims of the Canadian Education Association's plans are the establishment of post-graduate courses in education in Canadian universities and the training of administrators for the larger areas of administration which are gradually replacing the small school districts in many parts of Canada.

**Nursing for
A.B.C. Welfare**

A federal team of civil defence health specialists have completed a country-wide series of courses on "Nursing for A.B.C. Warfare". At four-day institutes held in Halifax, Montreal, Toronto, Winnipeg, Regina, Edmonton and Vancouver, a total of 611 nurses from all the provinces were told of special problems entailed in handling widespread disaster, including the consequences of atomic, bacteriological or chemical attack. The nurses who attended the institutes are now passing on what they learned to

nursing groups all over their own areas, so that the whole profession is being mobilized for the role it has been called upon to play in Canada's preparedness program.

**Canadian
Penal
Association**

The first number of *Penal Progress*, dated February 1952, gives a succinct account of progress made in the treatment of the offender in Canada over the past few years, and describes the present activities and future program of the Canadian Penal Association. The Association has acquired its own office in the building of the John Howard Society of Ontario, 340 Jarvis Street, Toronto, and now has a part-time executive secretary in the person of William A. Dempsey, M.S.W. (Toronto). Names of interested persons or agencies may be added to the mailing list of the bulletin on request, either for single copies or for quantities.

**Saskatchewan
Social Welfare
and Rehabilitation**

As a direct result of a study of the administrative organization of the Department of Social Welfare and Rehabilitation in Saskatchewan, which was made by the Administrative Management Division of the Provincial Budget Bureau, and of recommendations made as a result of that study, an extensive reorganization is being effected in the Department of Social Welfare. The former Child Welfare, Public Assistance and Welfare Services Branches have been amalgamated into a new Public Welfare Branch, which will be reorganized on an area basis rather than on a program basis to provide better co-ordination and supervision of the actual execution of the various programs administered by the former Branches. These programs include

all phases of Child Welfare, Old Age Assistance, Blindness Allowances, Mothers' Allowances, Supplementary Assistance to Old Age Security Pensions, and field services. Miss V. M. Parr, formerly Director of Child Welfare, has been appointed Director of Welfare and will head up this new Branch.

Three new Branches have been established in the Department to enable it to more effectively plan for and administer the activities and programs which will come under these particular Branches.

A Research and Planning Branch has been established under the direction of a research economist, Mr. David Levin, who was formerly with the Economic Advisory and Planning Board of the Province. This Branch will be responsible for all research activities of the Department at large, and will assist in the planning of various projects which might be undertaken by any of the branches or divisions of the Department.

A Nursing Homes and Housing Branch has been established under the direction of Mr. D. E. Chalmers, formerly Director of Public Assistance in the Department, to give more adequate supervision to Nursing Homes for the Aged presently operated by the Department and the emergency housing projects numbering some 400 units, which are at present administered by the Department. This Branch will be responsible for planning for the future needs of the Province with regard to care of the aged in the institutional and housing field and will also work with Central Mortgage and Housing Corporation and the municipalities in planning housing projects under Section 35 of the National Housing Act.

A Rehabilitation Branch has been established to administer the Department's civilian rehabilitation program and rehabilitation programs for the minority groups, which include the Metis and Mennonite people. A great deal of research and planning is going to be necessary in order to make adequate plans for the rehabilitation of handicapped people and certainly not less important, the rehabilitation or reorientation of the Metis people in this Province, of whom there are several thousand who require special planning and assistance if they are ever to be absorbed into the economy of the Province and consequently of Canada. Mr. K. F. Forster, formerly Director of Welfare Services has been appointed Director of Rehabilitation.

Health Projects in Ontario

Better care for persons in Ontario's mental hospitals and sanatoria and for crippled children is foreshadowed in three projects approved as part of the national health program, the Honourable Paul Martin, Minister of National Health and Welfare, announced in January.

Arrangements have been made for the part-time employment of physicians and medical consultants to assist the full-time medical staffs of the Ontario Hospitals and the Toronto Psychiatric Hospital. The physicians will perform routine examinations and hospital duties; the specialists will include psychiatrists, neurologists, ophthalmologists, pathologists, radiologists and dermatologists who will be called in whenever their special skills are needed for the care of a patient. A paediatrician will act as consultant on problems of child health for the Ontario Hospital Schools at Orillia and Smiths Falls.

As a means of improving the standard of care in sanatoria, \$5,000 has been allotted to enable members of the medical staffs to take short postgraduate courses in the treatment of tuberculosis. Nine doctors are already taking courses varying in length from four days to a month, and others will be sent later in the year.

Funds have also been set aside for a study of the training methods for cerebral palsied children. A great interest in this subject has developed over the past few years, and a number of training centres have been organized. The current project will be carried out by specialists in orthopaedics, neurology and psychology over several months' time and will, it is hoped, lead to recommendations concerning the minimum range of services required to produce significant results in a cerebral palsy training centre.

School of Social Welfare, St. Patrick's College

The two-year training program of the School of Social Welfare, St. Patrick's College, Ottawa, (Dr. Swithun Bowers, Director), has been accredited by the American Association of Schools of Social Work. This School is the sixth in Canada to become a member of the American Association, the others being British Columbia, Manitoba, Toronto, Montreal and McGill.

Maritime School of Social Work

The Maritime School of Social Work has moved its quarters to the buildings of the University of King's College, on the Dalhousie campus. Convenient classrooms, offices and library space are available, and the students have the use of the King's College common room.

Halifax Y.M.C.A.

The Young Men's Christian Association in Halifax has recently set up a decentralized community program for boys in one of the poorer sections of the city, making use of church, school and other facilities and buildings. One meeting-place in constant use is an old stone building, which over 150 years ago belonged to the estate of the Duke of Kent when he was in command of the Halifax Garrison.

Changes in Montreal

The Protestant Industrial Rooms, a local organization which supplied needy women with sewing tasks to supplement their incomes, has been disbanded, after 89 years of service. A large part of its assets will be transferred to the Montreal Protestant House of Industry and Refuge, and the rest to the Welfare Federation. The former organization, incorporated in 1863, will use its share to improve its infirmary facilities.

A Voluntary Effort in B.C.

The Victoria Family and Children's Service operates Sunshine Camp, Saseenos, Sooke. The main dining-hall was in bad repair for lack of funds, and last October the Carpenters and Joiners Union (AFL), Local 1589, and the Shinglers and Roofers Union, Local 786, volunteered to put about 300 hours of work on the job on the understanding that materials would be contributed by local firms. A new tile roof was put on, and new cribbing and foundation laid for the building. The work was completed in December. The unions have volunteered to construct a new staff house to accommodate seven people.

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Victoria's New Welfare Centre

Six community chest agencies moved into a modern office building at 1951 Cook Street in Victoria late in 1951. The old Children's Home, or "Welfare House" which was located on top of the hill at 1234 Pandora Avenue is now material for the annals of Victoria. The erection of the new "Spencerhouse" was made possible by members of the Spencer family of Vancouver and Victoria. Providing that the City gave a tax-free lot, Mr. Chris Spencer agreed to contribute \$100,000 for the erection of a suitable building. The City Council released the Sayward estate for a site. A "Sarah Spencer Foundation" was created and named after Mr. Spencer's sister, who has always been an active worker in community welfare and cultural activities. All members of the Community Welfare Council were named members of the Spencer Foundation. By-laws called for the appointment each year of one five-year member, and the first five board members were: Miss Sarah Spencer, Messrs. John L. Clay, Robert Cheyene, John Wade and J. Barraclough (chairman).

The main floor consists of numerous offices for the Family and Children's Service, the Victorian Order of Nurses, the John Howard Society, the Social Service Index, the Com-

Welfare House



Spencerhouse

munity Welfare Council and the Community Chest. A board room large enough for annual meetings occupies the largest part of the second floor. Next to it is the staff room with kitchenette, powder and wash rooms, and a caretaker's apartment. The basement contains a large clinic where wards of the family and children's agency are examined. It was equipped by the Women's Auxiliary of the Family and Children's Service.

Although all the landscaping has not been completed, the grounds surrounding Spencerhouse are beginning to have a park-like look. The huge ash trees were carefully preserved from destruction, but the rest of the landscaping posed a financial problem. To solve it, the executive director of the Community Welfare Council enlisted the help of the Superintendent of the Parks Department, who arranged for the use of city equipment and the voluntary services of all the Parks Department employees. More than 420 man-hours were given by these community-minded employees, who worked alongside chest and agency board members, staff and boy scouts. More than \$1,000 was saved through this voluntary effort.

Another building of similar size and appearance on the same grounds is nearing completion. The City of Victoria approved the expenditure of \$100,000 for this building, which is to house the City Health, Welfare, and Sanitary Departments.

RESULTS OF COMMUNITY CHEST CAMPAIGNS HELD IN CANADA DURING 1951

City	Number of Member Services	Amount Raised in 1950	Objective in 1951 Campaign	Amount Raised in 1951	Percentage raised of 1951 Objective	Percentage of Amount Raised in 1950	Per Capita Contribution 1951
Belleville.....	4	\$ 16,500	\$ 22,799	\$ 18,500	81.1	112.1	.88
Brandon.....	7	41,139	35,000	38,000	108.6	92.4	1.77
Brantford.....	10	80,000	112,000	98,869	88.3	123.6	1.97
Calgary.....	22	260,908	268,000	292,765	109.2	112.2	2.22
Chatham.....	11	44,955	60,100	57,620	95.9	128.2	2.62
Cornwall.....	6	18,332	24,500	20,473	83.5	111.7	.93
Deep River.....	6	No Campaign	4,000	5,302	132.6	NA	2.41
Drumheller.....	8	6,050	10,000	8,060	80.6	133.2	1.00
Edmonton.....	30	172,302	225,000	218,853	97.3	127.0	1.37
Espanola.....	11	9,114	9,500	10,535	110.9	115.6	3.51
Fort William.....	9	35,506	44,300	39,686	89.1	111.8	1.17
Galt.....	8	30,378	35,000	30,437	87.0	100.2	1.60
Guelph.....	11	39,265	56,145	43,423	77.3	110.6	1.45
Halifax.....	19	123,588	150,000	136,191	90.8	110.2	1.36
Hamilton.....	27	356,250	388,590	389,000	100.1	109.2	1.97
Hull.....	10	30,000	39,200	29,800	76.0	99.3	.71
Joliette.....	22	22,776	25,000	25,272	101.1	111.0	1.27
Kelowna.....	14	17,900	22,500	18,700	83.1	104.5	2.08
Kingston.....	12	58,500	66,200	62,000	93.7	106.0	1.55
Kirkland Lake.....	13	31,252	35,710	30,133	84.4	96.4	1.63
Kitchener-Waterloo.....	16	121,986	135,000	135,250	100.2	110.9	2.55
Lachine.....	4	11,791	14,000	15,400	110.0	130.6	.51
Lindsay.....	8	12,100	12,500	12,167	97.3	100.5	1.22
London.....	11	193,500	225,000	205,000	91.1	105.9	1.71
Lethbridge.....	18	49,503	58,500	56,422	96.4	113.9	2.26
Montreal Welfare Feder'n.....	30	1,254,000	1,439,390	1,320,000	91.7	105.3	4.80
" Fed. of Catholic Char.....	24	320,010	563,000	521,225	92.6	162.9	5.21
New Westminster.....	7	53,500	60,000	56,300	94.2	185.6	1.16
Norfolk County (Simcoe).....	5	11,250	25,000	21,000	84.0	186.7	.50
Oshawa.....	16	116,288	112,900	115,991	102.7	99.7	2.90

London.....	11	193,500	225,000	205,000	91.1	105.9	1.71
Lethbridge.....	18	49,503	58,500	56,422	96.4	113.9	2.26
Montreal Welfare Feder'n.....	30	1,254,000	1,439,390	1,320,000	91.7	105.3	4.80
" Fed. of Catholic Char.....	24	320,010	563,000	521,225	92.6	162.9	5.21
New Westminster.....	7	53,500	60,000	56,500	94.2	105.6	1.48
Norfolk County (Simcoe).....	5	11,250	25,000	21,000	84.0	186.7	.50
Oshawa.....	16	116,288	112,900	115,991	102.7	99.7	2.90
Ottawa.....	23	319,165	376,173	346,100	92.0	108.5	1.57
Peterborough.....	10	76,309	85,000	83,032	97.7	108.8	2.24
Port Arthur.....	12	38,346	39,000	39,068	100.2	101.9	1.23
Preston.....	8	14,673	16,000	16,075	100.5	109.6	2.14
Quebec City.....	31	230,000	260,000	273,959	105.4	119.1	1.10
Regina.....	20	102,764	107,500	96,292	89.6	93.7	1.33
Saint John.....	8	74,495	107,500	71,000	66.0	95.3	1.18
St. Thomas-Elgin.....	6	21,800	30,000	22,200	74.0	101.8	.89
Sarnia.....	7	51,500	59,500	60,660	101.9	117.6	1.84
Saskatoon.....	16	65,600	78,000	64,764	83.0	98.7	1.22
Sault Ste. Marie.....	8	31,826	35,000	31,400	89.7	98.6	.70
Sherbrooke-Campagne de Charité (R.C.).....	10	26,300	25,000	30,300	121.2	115.2	} 1.05
Sherbrooke-Lennoxville (Prot. and Non-Sectarian)	7	22,355	25,000	22,150	88.6	99.1	
Stratford.....	7	28,104	32,000	30,575	95.5	109.2	1.60
Sudbury.....	15	92,000	110,000	80,000	73.0	87.0	1.60
Toronto.....	66	2,434,192	3,121,938	2,607,830	83.5	106.9	2.57
Vancouver.....	40	837,000	1,049,925	1,012,000	96.4	120.9	2.53
Victoria.....	16	161,243	235,906	167,937	71.2	103.5	1.34
Whitby.....	8	5,704	6,644	5,600	84.3	98.2	.97
Winnipeg.....	29	570,788	649,450	620,000	95.5	108.6	1.76
Windsor.....	11	242,390	275,000	277,490	100.9	114.5	1.98
Total—55 Chests.....	819	10,624,425	12,715,370	11,715,696	92.1	112.7	2.16

Compiled by Community Chests and Councils Division
CANADIAN WELFARE COUNCIL
 245 Cooper Street, Ottawa, Canada.

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PUBLIC WELFARE IS PUBLIC

FOR nearly two years you have been listening to these weekly welfare broadcasts, and I have no doubt that you are fairly well aware now of what we are trying to accomplish through them. You know that they are certainly not entertainment. You do know that they are information, but that they are more than information: they are meant to tell our people what their Government's plan of public welfare is, *and* to tell them in such a way that they will be encouraged to do all they can to support it, improve it, where necessary, and to make it as effective for the good of all as it possibly can be. There you have it—information and participation. And one is incomplete without the other. No public welfare plan, no matter how well thought out in St. John's by any government, can be wholly successful without the general support and understanding of the people. Public welfare, as I have said many times, is public. In this brief broadcast I hope to be able to elaborate a little on that idea.

What I should like to do more than anything else is to discuss with you as simply and as straightforwardly as I can what I believe are the good relations which any government should maintain with the public.

Broadcast over CBN Thursday, November 1, 1951 at 8.30 p.m. by the Honourable Dr. H. L. Pottle. This is one of the weekly broadcasts given on a province-wide network by the Newfoundland Department of Public Welfare, which believes firmly that the public should be informed and educated in public welfare principles and practice.

To show that we have had this matter of good relations in mind for some time may I quote a few words from an address I gave last June to the Maritime Conference on Social Work. I said that in the case of any government the relationship between people and government should be such "that people come to look upon the government as their government, as themselves acting together, doing the things they cannot do for themselves by themselves,—as power made personal."

With regard to public welfare in particular I said: "A department of welfare . . . has two principal undertakings to carry out: first, to administer allowances and related services—that is the easier of the two; the second is to administer all such services in such a way as to maintain the morale of the whole of the state or province at the highest possible pitch."

"But", some will say, "that sounds all very well on paper, but are not governments these days by their very policies of doing so much for the people keeping down the morale of the people? Is not all this social security, for example, creating the wrong kind of relationship between the government and the people? Is it not causing our people to lean on the government more than they should, so

that they become not better but worse citizens?"

I do not hear this kind of criticism come from the needy widow trying to keep her eldest boy in school, nor from the chronic invalid. But it is sometimes heard from the so-called independent ranks. Wherever it comes from, it is worth heeding, because if there is anything in it, it should be examined right to the foundations.

Creative Help

No one will deny that those who need help ought to be assisted. But can we do it in such a way as not to make *them* helpless and at the same time keep the person not needing assistance encouraged to maintain the independence he now has? None of us, of course, is wholly independent—all of us need help of one kind or another at one time or another. But I come back to my question: Can we have a scheme of social security which keeps alive that little spark of independence in those who are helped and at the same time maintain the independence of all the rest of us? On this point I said to the people at Halifax and I say quite frankly to you now: "Social Security *can* be too much of a good thing if we don't watch out".

What *do* we have to watch out for? Well, to begin with, we have to make sure that people do not get the idea that government is a limitless storehouse of money. We must, on the other hand, make it as clear as we can that the amount of funds a government has depends

upon the earning power of the people themselves. We must try and get people to see that the poverty of one portion of the people makes us all the poorer, that the prosperity of many of us ought to mean more prosperity for all of us. We rise or fall together. Any man who grasps these ideas will not begrudge the widow her monthly allowance as long as she makes the best use of that allowance and works as hard as she can; he will work probably harder than ever himself. Any one who fully understands these ideas will be profoundly thankful that he himself is sound in mind and body; he will recognize these powers as not only his own but his country's assets, and he will put them to work and keep them to work as long as he is able.

Two Theories

Speaking to you more personally, I feel that when any government undertakes a plan of social security on our present scale our people may take one of two attitudes. They may say: "All this spread of public funds is extravagant; worse still it will sap our independence. The only thing that will keep people's independence alive is the constant threat of losing it if they don't take thought for the morrow. Take away that threat and people will not save; they will lean on the government and that will ruin their independence for all time". Or they may adopt this attitude: they may say: "This spread of public funds through social security to fill up

the gaps in the earning power especially of the low income groups is the government's way of trying to equalize earning power for everybody as fully as possible. This is the kind of country we live in". They say, "The state comes to our rescue just at those times when we cannot, after all our best efforts, help ourselves. We can be assured, therefore, that the more we exert ourselves the more prosperous we shall all be, and that, through the intervention of the state on our behalf, the nation's wealth is distributed more equitably and more widely, to all according to need".

Hope or Fear?

Well, there are the two attitudes. One maintains that we are saved mainly by fear, and the other that we are saved mainly by hope.

Winston Churchill put this whole point very forcefully, as we would expect, as far back as 1908. Speaking at Dundee on unemployment this in part is what he said:

I do not agree with those who say that every man must look after himself, and that the intervention by the state in such matters as I have referred to will be fatal to his self-reliance, his foresight, and his thrift. . . . If terror be an incentive to thrift, surely the penalties of the system which we have abandoned ought to have stimulated thrift as much as anything could have been stimulated in this world. The mass of the laboring poor have known that unless they made provision for their old age sometimes they would perish miserably in the workhouse. Yet they have made no provision; . . . for they have never been able to make such a provision. It is a great mistake to suppose that thrift is caused only by fear; it

springs from hope as well as from fear; where there is no hope, be sure there will be no thrift.*

Thus spoke Churchill in 1908, and his words have not lost any of their wisdom since. Apply them for a moment to Newfoundland. Goodness knows the spectre of fear has always hovered over our people. Has fear stimulated them to provide for sickness, widowhood, old age? Do I need to answer? We have no more salvation in Newfoundland by fear and fear alone in 1951 than Britain had in 1908.

Surely it is in keeping with our Christian tradition to believe that our higher destiny lies in unifying and humanizing hope rather than in disintegrating and dehumanizing fear.

Old Age Assistance

This afternoon in the House of Assembly I introduced a Bill which will have the effect of providing a monthly allowance up to a maximum of \$40 to certain classes of persons between the ages of 65 and 69. If and when it becomes law, it is possible that between six and seven thousand persons will qualify, the great majority of whom are not now receiving any such assistance whatever from the government.

I should like you all to realize what this means. At present I can only be very brief, because you will, I know, hear more about this measure in the future. Obviously it means first of all that several

*Quoted in *England's Road to Social Security*, by Karl de Schweinitz, University of Pennsylvania Press, Philadelphia, 1942. P. 199.

thousand additional persons will be added to the list of those now receiving government assistance. Moreover, the people concerned, 65-69, are in that age group where men and women are still active as a rule. "Is the government really going to pay thousands of these a monthly allowance too?" some will ask. "And if so," they will go on, "won't it be harder to prevent people from thinking that there's not much point in working any more because the government will feed and clothe you anyway?"

Understanding is Needed

There is of course a good answer to this question. What I want to say now is that the answer to this question, and whether people will be satisfied with the answer, all depends upon what I said at the beginning: that the important thing in all of this is the way a people feel about their government. It is a matter of relationship between the government and the people. It is a question of whether the people, for example, know what the government is doing and can therefore trust the government to the extent that they believe their government is acting in their behalf.

Importance of Economic Development

One thing our people are beginning to realize more clearly,

and that is that the present level of social security spending can be kept up only during a high level of prosperity. The one sure foundation of social security is a high level of earning power. It is in this respect that the government's plan of economic development becomes of paramount importance. The providing of full employment, or anything approaching full employment, is a necessary base for any plan of social security. Anything approaching economic security builds up a spirit of buoyancy and hope among those who are the primary producers, i.e., the sturdy labouring classes, without which social security on any sensible scale cannot be maintained. Economic security and social security go together.

I said that public welfare concerns every one of us. It is the purpose of these broadcasts to bring this truth home to everyone who has ears to hear. On our part we in Public Welfare have pledged ourselves on behalf of government to give the best possible services to all who need them. Your constructive criticism of us, your trust in us, your willingness to work out, wherever you are, your part in this human enterprise will help to make welfare what at best it should be, at all times and in all places—public welfare.

New edition of a useful Council publication:

THE JUVENILE COURT IN LAW

Discusses in detail the historical development of juvenile court legislation in Canada and summarizes present federal and provincial laws. About 70 pages. \$1.50.

Canadian Welfare Council, 245 Cooper Street, Ottawa.

What the Council is Doing

Where is the Council going? Is it doing the job you think it should be? Above all, what is its job? Where does it fit into this country's billion dollar welfare pattern?

The past few years have been ones of rapid growth for the Council and great developments in social welfare. It is only natural, therefore, that one should ask if the Council has changed as well as grown, or if it should not have changed more.

To take a good hard look at the Council and try to answer questions like these the Board of Governors has set up a Committee on Function and Organization. The chairman, W. M. Anderson of Toronto, is a member of the Board, a vice-president, and has taken an active part in the Council's expansion. His committee will have about 50 members drawn from the Board, Regional Advisors, staff, and Divisions. In other words, it will be made up of people who know the Council and have considerable interest in its future.

Present indications are that the committee will be working for about two years. It is now familiarizing itself with the details of Council organization, with its day to day operation, and with the problems that have become evident as times have changed. One of the most important steps the committee plans is a full and thorough canvass of the opinions held by

members on the organization's strengths and weaknesses. This will be done in a number of ways, but full advantage is to be taken of the annual meeting, the one time in the year when a substantial number of members are gathered together.

The annual meeting will be in Quebec City, on Saturday, June 14, preceding the Monday opening of the Canadian Conference on Social Work. Saturday morning will be devoted to Division meetings, the early afternoon to the annual report and a short session on business; then the rest of the afternoon will be given to an open discussion of the Council's function and organization.

There won't be any lectures or academic discussions—it's going to be a meeting when Mr. Anderson and his committee listen to what YOU think of the Council. The "hearing" is being arranged especially for this purpose.

It's not too early to start thinking what you'll say on Saturday afternoon, June 14, because Mr. Anderson hopes you'll be there. The Council is your organization and your help is needed in planning its continued growth and development.

In spite of difficulty in finding any acceptable and practical nation-wide method of ending the present competitive scramble for the contributor's dollar, the

joint committee of the Canadian Conference of National Voluntary Health and Welfare Organizations and the Community Chests and Councils Division of the Canadian Welfare Council has decided to continue its discussions for a further period.

During the past year the committee presented three alternative "first steps" to its constituents. One of these, for the formation of a national philanthropic appeals review board received some support (largely from the chests), but did not get majority backing from the dozen or so national health and welfare organizations that make up CCNVHWO. Instead this group went on record, at a meeting in January, as favouring increased use of existing federal and provincial legislation as a means of screening charitable appeals; the legislation in mind being that which grants incorporation and tax privileges to *bona fide* charitable organizations. It recommended also that the various governments concerned demand complete annual reports and financial statements from groups seeking government blessing, and that officials in Ottawa and the provincial capitals set up citizen committees to advise them.

To some this didn't seem like much progress, and last month it looked as if the joint committee was at the end of the road. But in Toronto on February 14 the committee took a look back over the year and realized that its actions in highlighting the complexity of the

problem and in eliminating unworkable remedies have been worthwhile. It will, therefore, keep at work.

In view of occasional criticism in the press accusing "these social workers" (our paraphrase, not an exact quotation) of stalling on the multiple appeals problem, it may be timely to ask what the joint committee is likely to accomplish

Well, it probably will never find a universal plan to revolutionize overnight the voluntary financing of health and welfare organizations. Nor will it entirely clear the desk of the Toronto business man who said recently his firm received in one year over 1400 requests for donations.

But the committee may well hasten federation of appeals of similar type, and it sees hopeful developments in many individual communities. For example, in over 70 cities in the United States during the past couple of years, health and welfare groups, business and labour organizations, and citizen bodies of various kinds have gotten together to organize combined appeals for most large national and local campaigns. It is claimed that more money has been raised than the aggregate of the separate appeals. After all, the committee says, the money raised by voluntary health and welfare organizations is raised locally, by local people. Perhaps these people are in the best position to develop means of making the job as efficient as possible.

The committee will examine every likely alternative, and no matter what changes the future brings, "these social workers" are just as anxious as anyone else to find a real solution to what is loosely called the multiple appeals problem. The committee's first concern, however, is that any solution leads to even greater community support of the many necessary health and welfare programs we now have. This, not an arbitrary and irrational curtailment of free enterprise in voluntary health and welfare, is its main objective.

•
Although the majority of Canadians in need of cash assistance now get it from unemployment insurance or from government old age, veterans, and assistance programs, private social agencies, especially in Quebec, are still called upon to meet the financial emergencies of many individuals and families. Often it is the so-called unemployables who need help, sometimes supplementary assistance is needed in spite of public welfare benefits, perhaps partial relief is necessary while eligibility for a public benefit is being established.

Policies and procedures governing financial assistance are clearly set down for government agencies in legislation and regulations; in private agencies they are the responsibility of the board of governors. Questions such as who is eligible for help? for how long?

and for how much help? must be answered in policy statements, for in order to be most helpful a social worker should have a clear-cut policy to work on. It should be a policy that he or she understands and is able to explain both to clients and the community.

Early in 1951 the Family Welfare Division of the Council set up a Committee on Practices in Relief Giving to report on philosophy, relief practices generally, and the constructive use of money in the casework relationship between social worker and client. The committee, which was centered in Montreal, held a number of meetings during the past year and has now presented a draft statement for discussion by members of the Division.

The committee says that before any financial aid is given there should be a careful evaluation of eligibility for assistance from the agency and an examination of the possibility that other resources may be called upon for help. For example, can children or relatives assume some responsibility? Perhaps there are funds available from workmen's compensation, unemployment insurance, or provincial welfare services.

When money is given a client, the committee states that it should be realistically based on need and should be related to a standard budget that includes such items as rent, food, fuel, etc., etc. It should be given in cash.

The committee recommends that

both husband and wife participate in planning the assistance program. It also says that a periodic review should be given these plans and that in many instances the conscious establishment of a time limit on the assistance period can be an important factor in helping the client.

The report concludes by noting some of the social and psychological factors involved. Among these are the attitudes of the client towards dependency, the attitudes of the social worker, and the feel-

ing of the community towards those requiring relief.

The members of the committee are: Elinor Barnstead, Montreal Family Welfare Association, chairman; Yolande Perron and Jean Fortin, Montreal Bureau d'Assistance Sociale aux Familles; Florence Christie, McGill University School of Social Work; B. Goldman, Baron de Hirsch Institute, Montreal; Margaret Boyd, also of the Family Welfare Association; and Marion Murphy of the Council staff.

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247 Legislative Building

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Health Insurance — What Has Been Said

THE hoped-for appointment of a parliamentary committee on health insurance makes it opportune to review briefly past official pronouncements on the subject, and the position taken by the Canadian Welfare Council and the Canadian Association of Social Workers.

Government Proposals

The Government's position is clear. At the Dominion-Provincial Conference on Reconstruction, in 1945, it definitely committed itself to a nation-wide health insurance plan. Existing health services were just not good enough. "To remove the disparities in standards of health services in different parts of Canada, to avoid the risks of sudden heavy expenditures, and distribute health costs more widely and equitably, and . . . to obtain the benefits of better health for the great majority of our people", the Government proposed "health insurance for all, and increased public health services assisted by federal grants".

Nearly all countries except Canada, the United States and Australia had adopted health insurance. In Canada, the question had already been studied by Dr. L. C. Marsh, by an official Advisory Committee, and by the Parliamentary Committee on Social Security, and the principle of health insurance had been endorsed by the Canadian Public

Health Association, the General Council of the Canadian Medical Association and numerous farm, labour and other organizations. The Government now offered the provinces a planning and organization grant, to prepare for health insurance and to train necessary personnel, and a stage-by-stage health insurance plan. The Dominion would contribute one-fifth of the *estimated* cost of each service, and half the additional *actual* cost, the total Dominion contribution not to exceed \$12.96 per person for the complete program.

The plan would begin in a province when the province had taken the planning and organization grant and, within eighteen months, produced a plan satisfactory to the Dominion Government, and had made an agreement with the Dominion to provide the initial benefits for the first stage within two years, and the whole plan within a term of years.

In 1948, the Government gave the provinces a Health Survey Grant of \$625,000, which was not conditional on their undertaking to enter a health insurance plan. It also gave them grants for hospital construction, as an essential preliminary for even hospital insurance.

Canadian Welfare Council Position

The Canadian Welfare Council, March 1946, said: "The Dominion's

proposals . . . are comprehensive and generous. . . . There are grave difficulties in building a national scheme . . . applicable to all parts of Canada. . . . This is a field of administration which may properly be left to the provincial governments. Therefore they (the Council members) accept the new proposals as reasonable, particularly since they involve the contribution of a very large amount of the total cost from the Dominion treasury.

" . . . But more than Dominion money is urgently needed to bring about the development of adequate public medical care services in all the provinces. . . . The Dominion should do everything in its power to offer the provinces the finest technical assistance and advice which can be mobilized in Canada to assist them in developing their own programs. . . . This . . . is a point of the first importance."

The Council suggested two additions to the Government's proposals: benefits for wage earners absent from work on account of illness (by amendment to the unemployment insurance scheme), and disability and survivor benefits.

Canadian Association of Social Workers

The Canadian Association of Social Workers made an earlier statement on the draft bill which emerged from the Advisory Committee in 1943. It supported national health insurance, regretting that the measure was only an enabling bill, "calling for provin-

cial adoption and administration, . . . and . . . large provincial expenditures. Some provinces will be reluctant or financially unable to enter the scheme. . . . Yet because of their poverty it is these very provinces which have the largest need for health services. . . . Social legislation, left to the provinces, is enacted slowly and often with low standards. . . . If adequate social services are to be achieved promptly, there must be national administration . . . or else strong federal leadership and participation."

The machinery for collection of contributions and payment of benefits would, in considerable part, duplicate existing Dominion machinery (unemployment insurance or income tax). British experience "points clearly to the necessity for integration of all national social services. . . . The . . . Association recognizes, however, the difficulties . . . in securing a constitutional amendment and in the transfer of health services to the Dominion. . . . It also is aware of the dangers of centralization in a country so varied as Canada, and of some advantages in provincial (or regional) administration. Hence it supports the . . . bill, but wishes to suggest modification: . . . additional provision . . . for grants to the provinces on the basis of need;" simplification of the "complicated contributory scheme"; administration less dominated by the medical profession; and provision of sickness cash benefits.

EUGENE FORSEY

A Contrast in Community Study

By JOHN S. MORGAN

THERE are few more fascinating social documents than those in which the attempt has been made to collate the available data about a community and appraise the quality of its living. Two important studies have arrived recently from Great Britain that provide a stimulating contrast in method as well as much valuable illustrative matter about the British way of life at the mid-century.

The Statistical Account of Scotland has a romantic history. Towards the end of the eighteenth century, under the energetic leadership of Sir John Sinclair, there appeared a work in twenty-one volumes, composed of accounts, parish by parish, of the state of the people written to a simple general outline by the parish ministers. Sir John Sinclair wrote "... by a Statistical is meant an enquiry into the state of a country for the purpose of ascertaining the quantum of happiness enjoyed by its inhabitants and the means of its future improvement." That is a definition of statistics which may give comfort to those who find columns of figures a certain depressant, and of actual accounts in the original are certainly full of lively vignettes of Scottish home-life one hundred and fifty years ago. A second Statistical Account was produced at the mid-nineteenth century, but it was more statistical

in its quantum of numbers and tables. In 1946, the Scottish Council of Social Service set up a Committee to discover whether it would be possible to attempt a third Statistical Account 'to make and preserve for the future a record of a way of life that is passing no less surely than was that of the eighteenth century'. With the help of the Nuffield Foundation and the four Scottish universities, a plan for four pilot studies was conceived, and the first study has now emerged. It is a book which no patriotic Scotsman dare be without.

The Scottish Study

The authors and editors of this volume¹ have achieved the mathematical and factual objectivity required of a modern statistical account. They have also found a means to combine with it the attractive homespun of descriptive material which gained the first Statistical Account so much affection. Dr. Strawhorn, while collecting data from every known source, consulting specialists of many kinds, and submitting his drafts to wide scrutiny, has taken responsibility for the authorship of the first 266 pages. Here is to be

¹John Strawhorn and William Boyd. Ayrshire, The Third Statistical Account of Scotland; Oliver and Boyd, Edinburgh, 1951. Obtainable in Canada from Clarke, Irwin & Co., Ltd., Toronto. 886pp. 49 line maps and charts, and one scale map. Price \$5.25.

found a skilfully written, exact and informative account of the physical and historical Background, the Economic Life, the Public Administration and the Community Life of the County of Ayrshire.

The second part, which comprises the larger part of this large book, is devoted to local accounts and here the decision to return to the local and parish basis was clearly sound. This section provided the framework for an extensive piece of community organization that involved hundreds of local councillors, local organizations, special survey Committees, citizen groups and individuals in a series of combined operations. The objective was achieved. This operation produced the raw material for a local account from every parish, village and town in the county. From this material Dr. Boyd constructed a draft account for each parish which was submitted to his fellow survey officers, and then to the responsible local groups. Additions, amendments, and criticisms were appraised and the drafts rewritten to meet all legitimate queries. In this way the salient facts were set out in a way which preserves much of the local flavour of the communities, and suggests their way of life as the people themselves see it.

The Director of the Survey in his Introduction says of this method:

"The procedure was both laborious and time-consuming. It was adopted in the belief that in this way a maximum of

truth in the local accounts might be attained. And whether truth, in this context, is to be measured simply by the accuracy of the recorded facts, or, a harder test, by the judgments passed on local conduct and opinion, or, hardest of all, by the success achieved, in grasping and portraying what is so real but so elusive, the distinctive character of each community of people, it may be most hopefully sought in the interplay of many minds. That at any rate was the belief that underlay this venture and the co-operative method employed in carrying it out.

In a very real sense it is a collective account of Ayrshire life and work in 1950, made by Ayrshire men and women."

A very honest, sober and valuable account it is. This reviewer's copy is studded with markers where the temptation to quote is almost irresistible as intimate glimpses of real life stand out from the printed page. But the good Scot will buy the book for the homely panorama of a goodly piece of his native land; the student will study this method of social survey with profit to his scholarship.

The English Study

Seebom Rowntree is best known in the field of social surveys for his exhaustive studies of the City of York, England, to determine the extent and exact nature of poverty, and for his leadership in the study of Old People,² which was undertaken by the Nuffield Foundation. With the assistance of G. R. Lavers he has now produced a study of English Life and Leisure³ which is a striking contrast in method with the volume

²*Old People*. Oxford University Press, London, 1947.

³*English Life and Leisure*. Longmans, Green & Co., Toronto, 1951. Price \$3.25.

on Ayrshire which has just been reported.

The Third Statistical Account of Scotland was conceived out of a long history, much careful planning, and was carried out as a co-operative enterprise, checked and re-checked for validity against the judgement of those whom it claims to portray. Rowntree and Lavers explain that they came upon their topic by accident.

"We found that we had inadvertently embarked upon a study of the cultural and spiritual life of the nation, meaning by cultural all that has to do with education and refinement, and using the word spiritual in a broad sense to denote the higher qualities that distinguish great nations and great individuals within a nation".

The authors decided to use, as their main research method, a form of interview.

"We concluded that, besides the usual and obvious methods of approaching the subject, we needed some means of letting a substantial number of men and women of all ages and social classes speak for themselves, in the hope that, as they told their individual stories, we should build up a living picture of English Life and Leisure".

The possibility of using of questionnaire was discarded as inappropriate and a procedure devised which is described as "a system of indirect interviewing". This method "consists of making the acquaintance of an individual, the excuses for doing so are immaterial, and developing the acquaintance until his or her confidence is gained and information required can be obtained in ordinary conversation, without the person concerned ever knowing that there has been an interview or that any

specific information was being sought. Such a method is laborious but effective."

From these "interviews" case-histories were compiled for 975 persons in London, 10 large cities and some smaller towns and rural areas; of these case-histories, 220 have been selected for reproduction in the first 121 pages of this book. These case-histories were supplemented by special enquiries on particular topics, such as gambling in the football pools. A background of descriptive material is provided by a detailed account of the recreational facilities in a smaller town, High Wycombe, of 40,000 population, and by a brief systematic account of the main features of social life observed by Rowntree in a planned tour of Denmark, Norway, Sweden, and Finland. In addition the authors checked their impressions and conclusions by consultation with some two hundred informed persons in widely differing walks of life.

Having collected their original evidence, the authors then proceed to examine twelve topics⁴ which they have selected for their significance, in the author's view, for contemporary recreation and leisure. The subject in each case is approached with some bias, indicating quite evidently the approval or disapproval with which they

⁴Commercialized Gambling; Drink; Smoking; Sexual Promiscuity; How Honest is Britain?; The Cinema; The Stage; Broadcasting; Dancing; Reading Habits; Adult Education; Religion.

regard the particular activity under review. Collateral evidence is quoted to support the background into which Rowntree and his colleague have fitted their own impressions, drawn from reading the case-histories, and a composite picture is created of the moral values and behaviour of the English people as it appears to these investigators.

In spite of repeated endeavours to secure authenticity and several assertions of personal objectivity the authors have not been wholly successful. The final impression left by the book is one of disappointment. The reader is left with a sense that Rowntree and Lavers have applied their own standards of conduct and their own tastes in recreation to a whole people and found them not quite up to the required minimum. For this effect, both the unstated assumptions with which they started and the methods used are partly responsible.

The interview method, as employed in this study, has many weaknesses. The subjects were casually chosen and do not represent any reliable sample. The purpose of the interview, being deliberately concealed from its subject, is inevitably directed by the pre-conceived notions of the interviewer. The recordings of interviews are necessarily second-hand reports of what the interviewer thought his subject had said, and cannot be checked for

accuracy. The records, as printed, are very brief and appear to have been, perhaps inevitably, structured on a very simple and superficial level, related to the chapter headings already chosen as topics for discussion. Sometimes they are lit with flashes of insight, and often they suggest a real sense of communication between interviewer and subject; but equally often they are quite flat and without depth.

The selection of collateral evidence is sometimes unfortunate. By coincidence, the report of the *Royal Commission on Betting, Lotteries and Gaming*⁵ became available at the same time as *English Life and Leisure* and a comparison of its findings with those in the chapter on Commercialized Gambling demonstrated clearly how biased is the material used by Rowntree and Lavers to make their case.

In spite of its faults, this book is a valuable one. It takes a broad canvas and it is rich in illuminative detail. Once the author's point of view is recognized the facts take on substance and meaning which can be weighed and used by students of social affairs.

The differences between these two studies might be summarized in two phrases. Strawhorn and Boyd have reported on "Life in Ayrshire as the people of Ayrshire see it": Rowntree and Lavers have reported on "English Life and

⁵H. M. Stationery Office, Cmd. 8190, London, 1951.

Leisure as we see it". Both studies have employed laborious research methods and both deserve

careful study for their content as well as for an occasion to examine the research methods employed.

John S. Morgan, author of the above article, engaged extensively in social welfare work in Britain before he came to Canada in 1946 to join the staff of the Toronto School of Social Work. He specializes in social research and is Director of Research at the School.

TO THE EDITOR

From the East: "... I think the format and style has improved immensely during the past two or three years, and because the magazine is becoming more attractive in appearance I am sure it will be read more widely. ... The preparation and compiling of news is a thankless and difficult task, and we will do everything we can to help."

From Winnipeg: "I like the content, which is broadening in scope and must be, therefore, widening in appeal. ... Strangely enough, "About People" seems newsworthy, dated as it is, and I still look there for news and am glad to read it. ... Even while reading such items, I question their place in a magazine such as yours, but if your readers want it, and get value from it, then I guess you should continue it. ... I wish we could break away from this cozy business of telling where Joe Doakes is, or where Mary Smith is. It is popular, I agree, but too "homey" and family-circle-like for a national magazine. Or is it? Either we are a very ingrown profession, or we love each other, or maybe we are like the British Colony in Hong Kong, a bit exclusive and inferior-feeling. ... Naturally, I would wish the magazine were larger and monthly. I don't suppose you could swing an advertising-business manager who could sell advertising? ... Unless one of the Schools of Social Work starts publishing, I don't know how we are ever going to get a medium for the spreading of thoughtful and informative articles on the practice of social work, operation of agencies,

broad issues of housing, social security, labour laws, etc. I think *Welfare* should be doing it, and is to a certain extent, but again we are catering to different kinds of people, and serving more than one purpose. ... I know you are trying to be both a news magazine, in the better sense, and a popularizer of welfare ideas, philosophies, practices and developments. You are also trying to be a magazine with permanent contributions in it. I think you drive the chariot down the middle of the road very skilfully."

From Toronto: "... I do feel disturbed about the information that you have suspended the midsummer issue. This diminishes the Council's opportunity to reach lay and professional people with interpretive and educational material designed to assist in the development of more adequate service to people and communities. ... It seems strange that there would not be sufficient material growing out of the present work of the Council's various functions and divisions, its member agencies and the general social work field to provide a top level magazine for each month of the year."

From a subscriber in England: "... I do congratulate you. I think it's a first rate periodical giving an objective account of events and progress in the social welfare field ... and at the same time associating the reader in a warm personal sort of way with the work of C.W.C. and those running it. It is really quite unique."

ABOUT



PEOPLE

Department of National Health and Welfare

During the past six months a number of persons have joined the staff of the Research Division, Department of National Health and Welfare:

Lloyd Francis, formerly of the Economics Department of the University of Buffalo, has become supervisor of the Social Security Section of the Division; Mr. Francis, who studied for his Ph.D., under Dr. Witte of the University of Wisconsin, received his M.A. in Economics from the University of Toronto.

John E. E. Osborne, formerly on the Economics staff of McMaster University, who has just completed residence requirements towards his Ph.D., at the University of Chicago after receiving his M.A. in Economics from the University of Toronto, has joined the Division's Medical and Hospital Care Studies staff.

Donald G. Gardner, who received his M.A. in Political Economy from the University of Toronto and was formerly Public Education and Research Secretary of the Canadian Institute of International Affairs, is now employed in the Welfare Section of the Division.

Douglas G. Hartle, has joined the Division's Health Insurance Unit after postgraduate work in economics at Duke University.

Robert Lachapelle, who received his M.A. at Laval University, is now employed in the Social Security Section, and

Mary Tudor after graduating from McGill University and taking social work training at the University of

Toronto School of Social Work, is employed in the Welfare Section of the Division.

Joseph W. Willard, director of the research division of the Department of National Health and Welfare, has been asked to serve on the Committee on Hygiene of Housing of the American Public Health Association. This year the committee is giving special consideration to housing for the aged, and has established a sub-committee on housing an aging population

R. L. Bialuski became assistant executive director of the Community Chest and Welfare Council of Greater Vancouver on March 1. He went to this post from Victoria, where he was executive secretary of the Community Chest and executive director of the Community Welfare Council and the Social Service Index.

Belle Carver has resigned from her position as deputy director of the Children's Aid and Infants' Homes in Toronto, to take a well earned rest.

Daphne Cahill is now with the new social service department of St. Mary's Hospital, Montreal.

Edith Ferguson has become Assistant to **Ralph Albrant**, executive secretary of the Community Fund of Windsor.

Miss M. E. Battel, formerly Assistant Director of Child Welfare in Saskatchewan, has been appointed to the position of Director of Child

Welfare to succeed Miss Parr. Mr. A. W. Sihvon, formerly Assistant Director of Public Assistance, has been appointed Director of the Public Assistance Division succeeding Mr. D. E. Chalmers. (See "Across Canada" in this issue for other Saskatchewan appointments.)

Kenneth R. Wilson, Ottawa Editor of the *Financial Post*, was killed in an airplane crash at Elizabeth, New Jersey, on January 22. Mr. Wilson was warmly interested in social welfare, and served for a time as a member of the Board of Governors of the Canadian Welfare Council, and for several years as Chairman of the Editorial Board of CANADIAN WELFARE. His friendship and counsel will be greatly missed by all who knew him in his various activities.

Margaret Newton, formerly a supervisor in the Child Welfare Division, Ontario Department of Public Welfare, has been appointed assistant executive secretary of the Welfare Council of Greater Toronto. She is being succeeded in her position with the provincial Child Welfare Division by **Gertrude Campbell**, who has been transferred from another division of the Department.

Frances Orton has left her position as executive director of the Samaritan Club of Toronto to become executive secretary of the Downton Church Workers, and **Alice Watson** has become executive director of the Samaritan Club.

Dr. Frederick A. Evis of Toronto has been appointed executive assistant to the Honourable Mackinnon Phillips, Minister of Health for Ontario. Dr. Evis holds degrees in Arts, Law, Medicine and Public Health, and has specialized know-

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ledge in the field of state-controlled medical and hospital insurance schemes.

Mrs. Jean Henshaw has been appointed executive director of the reorganized Travellers' Aid Society, Montreal. She was formerly administrative assistant of the Baron de Hirsch and Jewish Child Welfare Bureau.

Mrs. Muriel James has been appointed executive director of the Montreal Day Nursery, replacing **Mrs. Ellen Harrison**, who returned to England in June 1951. Mrs. James has come to Montreal from England, where she graduated from London University and the London School of Economics. In England she worked at the Maudsley Child Guidance Clinic, and since coming to Canada she has worked at the Catholic Welfare Bureau, Montreal.

READINGS IN COUNSELING

edited by **KARL P. ZERFOSS**

Here's what you get in

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6. Variations in the Guidance Approach
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8. Individual Differences
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11. Relation of the Individual and His Environment
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14. Interviewing
15. Testing
16. Recording
17. Referral

Part V—Working with the Individual in the Group

18. Working with the Individual in the Group

Part VI—The Resources of the Counselor

19. The Personality of the Counselor
20. Resources for Counselor Self-Guidance and Growth

Bibliography

Index—author and topical

This big 640-page guide to modern thinking and practice will be published shortly . . . it picks out and organizes for you more than 350 selections from 160 important books, periodicals, and journals. It is a guide for the non-expert, for leaders concerned with the general guidance of normal people of all age levels, but especially adolescents and young adults.

READINGS IN COUNSELING shows the need for and types of guidance, the guidance point of view (including definitions and explanations of the several approaches), basic psychological principles, techniques, the individual and the group, and personality of the counselor. Much material is presented and the editor provides selections dealing with the role of counseling in the group.

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BOOK



REVIEWS

Rehabilitation of the Physically Handicapped, by Henry H. Kessler. Columbia University Press, New York, 1947 (Toronto: Oxford University Press). Price \$4.25.

Dr. Kessler's colourful contribution to the cause of rehabilitation leads us to expect much of him, and those who read this book will not be disappointed.

In the U.S.A. and Great Britain, rehabilitation is rapidly becoming an accepted part of their way of life. While Canada lags far behind, it is interesting to note that several Canadian rehabilitation schemes, and one Canadian, are considered worthy of mention here. The problems of the disabled are discussed at the outset, and the public relief approach so evident in much of our welfare legislation is deplored. New social attitudes of a more constructive nature are urged, as the disabled (and other groups in need of assistance) could often be regarded as a potentially productive force. While there is a small group of disabled whose physical and personality defects make rehabilitation impossible, most of them, if adequately treated and trained, can become fully or partially productive. The goal of all rehabilitation effort must be productive employment.

The problems of the crippled child, the injured worker, the disabled veteran and the chronic disabled are discussed. The historical background of the care of each group is dealt with, and we are given a picture of the services that have developed for each. It is shown how, in both the U.S.A. and Great Britain,

the services supplied by both public and private agencies tend to grow together in a common approach to this problem.

The importance of physical restoration being developed around a rehabilitation concept is stressed. There are excellent chapters on rehabilitation centres, vocational guidance, vocational training and selective placement. Here, common sense is the watchword and the practical approach emphasized. Too often the desire for a spectacular result, or a spectacular method of obtaining a result, can blind the worker to an easy and equally satisfactory solution to a problem.

The mentally and emotionally disabled, the orthopaedic patient, the blind, the deaf, and the medical and surgical invalid are all considered and their potential importance to the community is described.

This comprehensive study ends with a chapter entitled "A National Challenge" The disabled must be rescued from purposeless, maudlin sympathy, and religious and humanitarian hypocrisy. The profligacy of wasting manpower because of false beliefs regarding the disabled must end. The problems of the handicapped must be appreciated in a rational way: to the early correction of physical defects and complete physical restoration must be added maximum development of physical and mental powers, vocational training and equipment that will enable them to face the challenge of competition and an opportunity to become self-supporting. "The Physically Handicapped are extraordinary in that they

seek but an ordinary destiny." Dr. Kessler urges us to give them the opportunity to realize that destiny.

IAN CAMPBELL,
Old Age Pension Commission, Ontario.

Community Organization and Agency Responsibility, by Ray Johns and David De Marche. Association Press, New York, 1951 (Toronto: G. R. Welch Co., 1149 King Street West). 274 pp. Price \$3.75.

This book may be of more interest and may be more useful to beginners or those for whom community organization is a secondary interest than to the seasoned practitioners in the field. For the latter group there is probably too much of the book devoted to background material and not enough attention given to methods and principles for the solution of the practical and pressing problems which face community organizers to-day. The book outlines in orderly fashion: the need for community organization; the nature of some of the problems; the history and structure of typical communities; the typical kinds of welfare services, both public and private, and how they evolved; the growth of co-ordination of services and of co-operation among agencies; and a list of some useful guiding principles for more effective community organization.

As a basic premise the authors rightly point out that, "Community organization of social welfare services is *everybody's* business". The book emphasizes the common responsibility of all related organizations and individuals". We need to be reminded, as we are here, that community organization can never perform its function in a democratic society of free institutions if it is thought of as something that

somebody 'up top' does 'to' agencies or 'for' agencies. Rather, it must be an activity growing out of the felt needs of agencies which realize that each is only a part of the whole, and that to perform a really effective service, each must be integrated properly with all the other services designed to meet the social welfare needs of the community. Johns and DeMarche remind us that the community organizer can help agencies to feel and see their need for integration with other parts of the community, and that he can provide opportunities for the interested parties to get together in the proper setting. But that's about all. Without denying his role of strong leadership, the community organization practitioner must be more of an enabler than a manipulator.

The authors emphatically state that "co-operative relationships require more than co-operative structure . . . more than *machinery for co-operation*". "Co-operation is essentially a set of relationships among people. Insight into human behaviour and understanding of incentives and motivations are involved".

While the experienced practitioner, or the direct service agency executive who has been active in developing relationships beyond the immediate needs of his own agency, will want to read the book for its rather comprehensive outline and its point of view, they probably will not find answers to some of their more perplexing problems. The 'old hands' may feel the book should have attempted half as much or been twice as long. They will find it useful to be reminded of the need for "Insight into human behaviour and understanding of incentives and motivations" as a basic requirement

for successful community organization but will not likely be satisfied with only a paragraph or two dealing with this fundamental necessity. They may find the book lacking sufficient illustrative material—too many bald statements without supporting arguments or evidence—lists of criteria or principles without sufficient discussion of them. They may find themselves wishing that more of the book than about twenty pages toward the end had been used to discuss "Barriers to Effective Co-Operative Relationships" and principles for doing something about these barriers.

R. J. ALBRANT,
Community Fund, Windsor, Ontario.

The Art of Group Discipline, by Rudolph Wittenburg. Association Press, New York (Toronto: G. R. Welch and Co.) 1951. Price \$3.85.

The Art of Group Discipline contributes little that is new so far as the principles, methods and techniques of group leadership are concerned. It does, however, discuss the various aspects of group leadership in a refreshingly clear and simple manner. Here are none of the obscure terms so dear to the hearts of too many of our group leaders. Terms essential to the discussion of the subject matter are defined concisely and carefully: discipline, the group, the group process and professional discipline, for example. The use of exact English throughout gives this book special merit for the group leader.

The Art of Group Discipline could quite as appropriately have been entitled, "The Art of Group Work". The author deals in a practical way with the application of the basic principles of the group work method. The term "discipline" is described as a continuing process: as an in-

dividual acquires self-discipline he becomes more mature socially. In the book discipline is identified with control: individual control, group control, and environmental factors affecting control. In brief, *The Art of Group Discipline* is a discussion of the principles that help us to understand how control develops and hence how control can consciously be achieved in a group situation.

The book is divided into two main sections. The first deals with control in the individual, the community, the leader and in the group. Throughout this part the emphasis is on describing the growth of control in each case. An attempt is made to understand *how* control or discipline develops in each situation. Real situations transcribed from group records are freely used by the author and are carefully analysed. Situations wherein the development of discipline was assisted and those wherein opportunities to assist were missed by the leader, are both demonstrated. Environment as a factor contributing to controlled behaviour is emphasized. It is suggested that group leaders tend to ignore the environmental factors affecting group discipline. While perhaps true, this opinion is difficult to reconcile with the professional training of group workers in schools of social work.

In Part II, "The Leader Finds Some Answers", the author deals with the function of the leader in directing the growth of group discipline. From the observations of the nature and manner of the growth of discipline, principles, methods and techniques are established. A sample record involving uncontrolled behaviour on a group basis, or rowdiness, is given. The techniques used by the leader

are examined. The author points out, however, that the use of proper methods and techniques in a given situation are obviously not going to result in an immediate improvement in discipline. By the end of a season, however, consistent application of proper principles will result in improved discipline.

Finally the author deals with discipline in the community. The relationship of individual and group discipline to individual and group freedom is made clear. In conclusion, the author states that, "Not until we have . . . accepted our responsibility towards society can we think of ourselves as free people and at the same time as disciplined people. In this sense discipline is freedom." Surely this is the essence of citizenship in a democratic society, and if *The Art of Group Discipline* does no more than lead us to, and impress upon us, that conclusion, it is worthy of prominence in the library of every group leader, lay or professional.

JOHN FARINA,
Recreation Commission, Edmonton.

Diagnosis and Process in Family Counseling, Evolving Concepts through Practice, edited by M. Robert Gomberg and Frances T. Levinson. Family Service Association of America, New York, 1951. Price \$3.75.

The sixteen papers which comprise the body of this book, are written by staff members of the Jewish Family Service of New York. They are concentrates of the experience and thinking of highly skilled practitioners in one of America's most advanced social agencies. Because of this the level of skill described is unusually high, and the point of view definite. It is precisely because of this that it represents a

valuable addition to professional literature.

The book is divided into six parts. The first "Diagnosis and Process" contains two papers which explain clearly the agency's fundamental concepts of the helping process in family counselling. Because it is the abstracted essence, the thinking is clear and concise, but cannot be skipped through by the readers. Both contain case illustrations which help considerably to make the stated concepts into practical working principles. This is continued in the next four papers. Under the title of "Family Counseling Illustrated" they do just that exceedingly well, using clear, absorbing case material. These two parts alone may be worth the whole price of the book to some readers.

But the parts on "Counseling and Psychiatry" and "Supervision and Staff Training" may be the most attractive to others. Both are replete with case material. The three papers in the former are concerned mainly with locating and illustrating the use of the role of the psychiatrist as a resource within a counseling agency. In a preceding chapter "Helping a Client Move into Psychiatric Treatment", there is some clarification of the distinctive role of the psychiatrist and counselor in relation to the client. Whether or not they are in the family counseling field, supervisors will find the part on "Supervision and Staff Training" very useable since it contains much that is generic for the supervisory process.

The parts on "Research" and "Family Life Education" round out the contents of the book and derive their material from the agency's experience; from the agency's view-

point research is concerned with acquiring knowledge for the agency and profession; education with giving knowledge to the community in the most useable way. The last paper in the book "Adjustment to Change in the Cycle of Family Life" is a gem, exceedingly meaty for layman and professional.

The especially favorable agency setting may be the source of envy and some feeling that all that is written is not practical for agencies in Canada, but it attempts to set up no absolute standards. I found it a source of stimulation and encouragement. The thinking is functional in orientation, and may present some

problems in theory and terminology to those who read it for the first time. But, as is made clear again and again in the book, no one in social work has final answers. We should therefore search out and study any successful approach to helping, and the practice of this agency as illustrated certainly is that.

Each paper is packed with thought-provoking and thought-clarifying material for the reader who will sincerely devote himself to understanding its contents and playing it back against his own experience.

WALTER LYONS,
*Jewish Family and Child Service,
Toronto.*

For Your Library

THE books and articles in this list all deal with health insurance; for other books and articles on the subject see previous lists and reviews in this magazine. If you are buying books, whenever possible order through your bookseller; otherwise order direct from the publisher. Prices given here are approximate only. The periodical articles listed may be read in any large library.

"A Canadian Health Program—What Are the Issues?", by Malcolm G. Taylor. **Canadian Welfare**, January 15, 1950.

"Demands for Service under Health Insurance", by L. Richter. **Canadian Journal of Public Health**, January 1948.

Health Insurance in the United States, by Nathan Sinai, Odin W. Anderson and Melvin L. Dollar. Commonwealth Fund, New York, 1946 (Toronto: S. J. Reginald Saunders). Price \$2.00.

Health Insurance Plans in the United States. Report of the Committee on Labor and Public Welfare. (82nd Congress, 1st Session, Report No. 359). Govern-

ment Printing Office, Washington, 1951.

Part I—"Clark Report".

Part II—Appendices. Submissions of various organizations

Part III—Activities of Local, State and Federal Governments in the Field of Health.

International Survey of Social Security. International Labour Office, Geneva, 1950 (Ottawa: International Labour Office, 95 Rideau Street). Price \$1.50.

National Health Insurance in Great Britain, 1911-1946, by R. W. Harris. Allen and Unwin, London, 1946 (Toronto: Thomas Nelson and Sons). Price \$3.00.

Health Insurance. Report of the Advisory Committee on Health Insurance of the Special Committee on Social Security, House of Commons, 1943 ("Heagerty Report"). Queen's Printer, Ottawa, 1943. Price \$1.50.

Health Services in Britain. Central Office of Information, London, 1951 (Ottawa: United Kingdom Information Office, 275 Albert Street). Free on request.

The National's Health, a Ten Year Year Program, by Oscar R. Ewing. U.S. Government Printing Office, Washington, 1948. Price \$1.00.

Organization and Administration of Tax-Supported Medical Care. American Public Welfare Association, Chicago, 1944 (1313 East 60th Street, Chicago 37). Out of print, but a new report now in preparation.

Proposals of the Government of Canada (Dominion-Provincial Conference on Reconstruction, August 1945). Queen's Printer, Ottawa, 1945. Price \$1.00.

Public Medical Care: Principles and Problems, by Franz Goldmann. Columbia University Press,

1945. (Toronto: Oxford University Press). Price \$3.00.

Rural Health and Medical Care, by F. D. Mott and M. I. Roemer. McGraw Hill Book Co., New York, 1948 (Toronto: McGraw-Hill). Price \$7.50.

Sickness and Insurance, by Harry A. Millis. University of Chicago Press, Chicago, 1936. Out of print; may be found in large libraries.

Social Medicine: its Derivations and Objectives, edited by Iago Galdston. Commonwealth Fund, New York, 1949 (Toronto: S. J. Reginald Saunders). Price \$3.50.

Systems of Social Security: New Zealand. International Labour Office, Geneva, 1949 (Ottawa: International Labour Office, 93 Rideau Street). Price 40 cents.

"The State and Medicine", by Allon Peebles. **Canadian Journal of Economics and Political Science**, November 1939.

"The State's Responsibility for Health Services: Panel Discussion". **Proceedings of the Ninth Canadian Conference on Social Work**, 1944. May be ordered from Canadian Conference on Social Work, 245 Cooper Street, Ottawa. Price \$1.50.

Brief Notices

Capital District Recreation Planning Survey. This Survey "had its beginning in a recommendation of the Research Committee of the Ottawa Recreation Advisory Council back in February 1948." This publication describes the survey and gives the recommendations arising from it. Capital District Recreation Planning Survey, 172 Wellington Street, Ottawa, 1951. Price \$2.00.

Food and Facts for the Diabetic, by Joseph H. Barach. Oxford University Press, New York, 1949 (Toronto: Oxford University Press). 113 pp. Price \$5.00.

An Interesting Condition: The Diary of a Pregnant Woman, by Abigail Lewis. Doubleday & Company, Garden City, 1950 (Toronto: Doubleday Publishers). 256 pp. Price \$3.50.

Patterns of Marriage, by Eliot Slater and Moya Woodside. Cassell & Company, London, 1951 (Toronto: British Book Service). 311 pp. Price \$3.75.

Practical Motherhood and Parentcraft, edited by Alan Moncrieff. Odhams Press Limited, London, 1951 (Toronto: Ryerson Press). 320 pp. Price \$3.00.

Readings on Social Welfare: Canada, prepared for the United Nations' Social Welfare Information Series on Current Literature and National Conferences. July to December, 1950, and January to June, 1951. Research Division, Department of National Health and Welfare, Ottawa. Free.

Report of a Committee to Review Punishments in Prisons, Borstal Institutions, Approved Schools and Remand Homes. Parts III and IV: Approved Schools and Remand Homes. Her Majesty's Stationery Office, London, 1951 (Cmd. 8429) (Ottawa: United Kingdom Information Office, 275 Albert Street). Price 65 cents.

Should I Retire? by George H. Preston. Rinehart & Company, New York, 1952 (Toronto: Clarke Irwin & Co.). 180 pp. Price \$3.25.

Social Workers in 1950. American Association of Social Workers, New York, 1952. Price \$1.00. This is the final report of the U.S. Bureau of Labor Statistics on its survey of salaries and working conditions in social work con-

ducted in the spring of 1950. It gives figures on social work positions in the United States; information about the people in these positions (sex, length of employment, educational preparation); information about salaries, the effect on salary of educational preparation, job level, agency financing and so on; and data on personnel practices in regard to length of work week, overtime pay, car ownership, vacations, sick leave and retirement plans.

"Some Issues Facing Social Welfare Today", by Arthur J. Altmeyer. A paper presented by the Commissioner of the United States Social Security Administration at the Annual Meeting of the National Social Welfare Assembly, December 1951. Copies may be obtained from the National Social Welfare Assembly, 1790 Broadway, New York 19, at 10 cents each.

Something Can Be Done About Chronic Illness, by Herbert Yahraes. Public Affairs Pamphlet No. 176 published jointly by the National Commission on Chronic Illness (U.S.) and the Public Affairs Committee, 22 East 38th Street, New York, 1951. Price 25 cents.

Speech Habilitation in Cerebral Palsy, by Marion T. Cass. Columbia University Press, New York, 1951 (Toronto: Oxford University Press). 212 pp. Price \$3.75.

COMPETITION AWARD

CANADIAN WELFARE'S competition for a story on the subject "The Social Work Experience that Interested Me Most" closed on January 1.

We are now pleased to announce that the prize of \$25.00 has been awarded to Mr. J. Maurice Saulnier, Supervisor of the Digby District Office, N.S. Department of Public Welfare, Digby, Nova Scotia, for his story entitled "A Friend of the Fernands".



NEW BOOKS IN SOCIAL WELFARE

THE SOCIAL WELFARE FORUM 1951

Official proceedings, 78th annual meeting National Conference of Social Work, Atlantic City, N.J., May 13-18, 1951.

380 pp.

\$6.50

SOCIAL WORK EDUCATION

The report of a study made for the National Council on Social Work Education by ERNEST V. HOLLIS and ALICE L. TAYLOR.

422 pp.

1951

\$6.50

ADVENTURE IN MENTAL HEALTH

Psychiatric Social Work with the armed forces in World War II. Edited by HENRY S. MAAS.

334 pp.

1951

\$5.50

THEORY AND PRACTICE OF SOCIAL CASE WORK

by GORDON HAMILTON. 2nd Revised Edition.

328 pp.

1951

\$4.50

AN EXPERIMENT IN THE PREVENTION OF DELINQUENCY

The Cambridge-Somerville Youth Study by EDWIN POWERS and HELEN WITMER.

650 pp.

1951

\$7.25

OCCUPATIONAL CHOICE

by ELI GINSBERG and Associates. An approach to a general theory.

271 pp.

1951

\$4.75

Complete List of Public Health Social Welfare and Sociology books published by Oxford and the Columbia University Press available on request

OXFORD UNIVERSITY PRESS

480 UNIVERSITY AVE.

TORONTO, ONT.

Annual Meeting

CANADIAN WELFARE COUNCIL

June 14, 1952

LET'S LOOK AT THE COUNCIL

Where is the Council strong?

Where weak?

What should it be doing?

Or not doing?

A committee appointed by the Board of Governors to study the function and organization of the Council will hold a "hearing" at the Annual Meeting to get the views of the members on these important questions. Watch for literature that will be sent out to enable you to prepare for an interesting session.

CHATEAU FRONTENAC

QUEBEC CITY

Welfare Week in Quebec City

Inspiration and refreshment in a setting of world-famous
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JUNE 14

Thirty-second Annual Meeting of the Canadian Welfare
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JUNE 15 to 19

Thirteenth Canadian Conference on Social Work.

JUNE 20

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How does your work fit into the pattern of advance
towards social welfare for all Canadians? At these meet-
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